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ABSTRACT

The third in a series, this collection of previously published monographs examines the challenges of preparing teachers to work with students who have emotional and behavioral disorders (EBD). Monographs include: (1) "Issues in Training Teachers for the Seriously Emotionally Disturbed" (Frank H. Wood), which discusses preparing regular and special educators to meet the needs of students with EBD; (2) "Knowledge/Skills Needed by Teachers Who Work with Students with Severe Emotional/Behavioral Disorders: A Revisitation" (Lyndal M. Bullock, Lori L. Ellis, and Michael J. Wilson), which presents the results of a study that examined knowledge/skills statements used in teacher preparation programs for teachers of students with EBD; (3) "Supervision of Teachers of Students with Behavioral Problems in the School Setting: Special Considerations" (Louellen N. Essex), which discusses problem areas and outlines supervisory strategies to manage each; (4) "Intervention Research in Emotional and Behavioral Disorders: An Analysis of Studies from 1980-1993" (Glen Dunlap and Karen E. Childs); (5) "Full Inclusion and the Education of Children and Youth with Emotional and Behavioral Disorders" (Timothy J. Lewis, David Chard, and Terrance M. Scott); (6) "Implementing Comprehensive Classroom-Based Programs for Students with Emotional and Behavioral Problems" (Andrew L. Reitz); and (7) "The Characteristics and Needs of Inner City Pupils: Implications for Teachers of the Behaviorally Disordered" (Mary Lynn Cantrell). (Monographs contain references.) (CR)

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Retrospective Series on Critical Issues in Emotional/Behavioral Disorders

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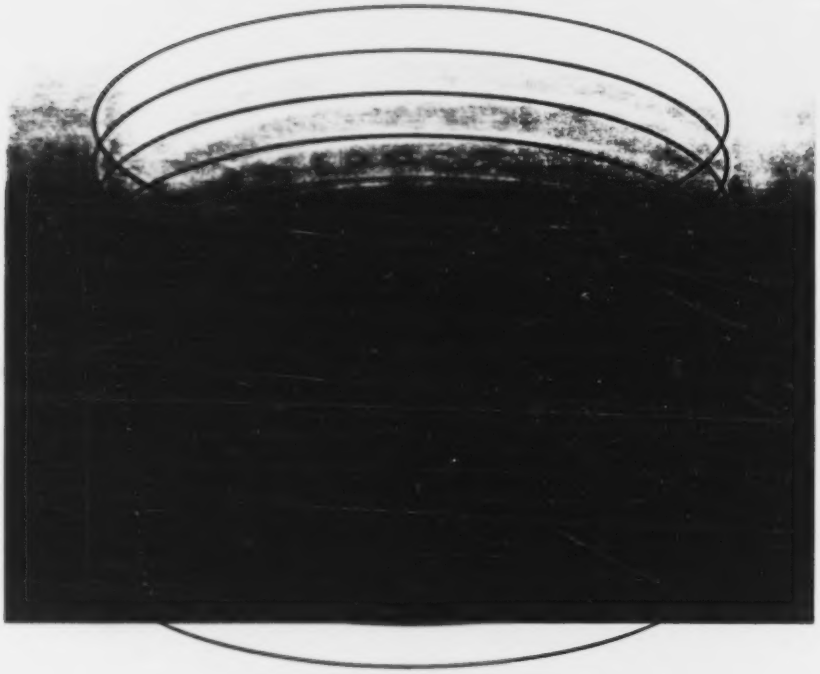
Preparation of Teachers of Students With Emotional/Behavioral Disorders



Lyndal M. Bullock, Robert A. Gable, Robert B. Rutherford, Jr.
Series Editors

The Council for Children with Behavioral Disorders

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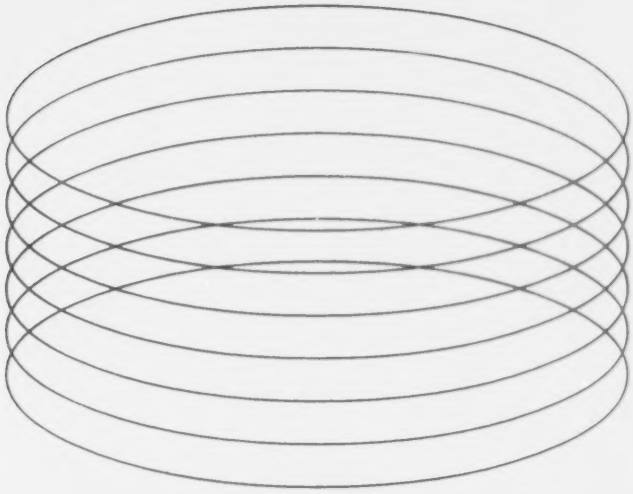

Lyndal M. Bullock, Robert A. Gable, Robert B. Rutherford, Jr.

Series Editors

The Council for Children with Behavioral Disorders

1998

Council for Children with Behavioral Disorders

About the Council for Children with Behavioral Disorders (CCBD)

Council for Children with Behavioral Disorders

CCBD is an international professional organization committed to promoting and facilitating the education and general welfare of children/youth with behavioral and emotional disorders. CCBD, whose members include educators, parents, mental health personnel, and a variety of other professionals, actively pursues quality educational services and program alternatives for persons with behavioral disorders, advocates for the needs of such children and youth, emphasizes research and professional growth as vehicles for better understanding behavioral disorders, and provides professional support for persons who are involved with and serve children and youth with behavioral disorders.

In advocating for the professionals in the field of behavioral disorders, CCBD (a division of The Council for Exceptional Children) endorses the Standards for Professional Practice and Code of Ethics which was adopted by the Delegate Assembly of The Council for Exceptional Children in 1983.

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Foreword

This is the third in the retrospective series of monographs published by the Council for Children with Behavioral Disorders (CCBD). In each, we have examined issues about which both teacher educators and practitioners have voiced major concerns. In the initial installment of the series, we addressed the critical area of social skills development. The second volume dealt with students with emotional/behavioral disorders (EBD). In this volume, we draw upon previously published work to critically examine the challenge of preparing teachers to work with students with EBD.

Retrospective Series on Critical Issues in Emotional/Behavioral Disorders

Early efforts to prepare teachers of students variously identified as "serious emotionally disturbed," "emotionally disturbed," or "behaviorally disordered" stressed the identification of those teacher attributes that were predictive of positive student outcomes. With the emergence of competency-based teacher education (CBTE) in the 1970s, the field witnessed a shift in emphasis to curricular content, accountability, and teacher training that emphasized skills producing measurable changes in pupil performance.

As the 21st century approaches, it is difficult to say whether the fervor that once propelled the majority of teacher preparation programs to embrace CBTE has produced superior classroom teachers. As in the past, contrasting philosophies regarding the origin and treatment of EBD complicate an already complex process. The current literature offers varying perspectives on numerous aspects of the education and treatment of students with EBD. In selecting the articles contained in this volume, we have attempted to capture diversity of both opinion and direction regarding the preparation of teachers of students with EBD.

Lyndal M. Bullock
Robert A. Gable
Robert B. Rutherford, Jr.
Series Editors

ISSUES IN TRAINING TEACHERS FOR THE SERIOUSLY EMOTIONALLY DISTURBED

Frank H. Wood

Reprinted from R. B. Rutherford & A. G. Prieto (Eds.), *Monograph in Behavioral Disorders*, Summer 1979, pp. 1-13. Reston, VA: Council for Children with Behavioral Disorders.

INTRODUCTION

Developing a statement on current issues for a group with the broad membership of the Council for Children with Behavior Disorders and Teacher Educators of Children with Behavior Disorders has been an exciting challenge. In 1977, a group of us sat with Dr. Gweneth Blacklock Brown to develop a list of priority needs which might assist the Bureau of Education for the Handicapped—Division of Personnel Preparation staff in making decisions about future funding for training. In preparing these comments, I drew from that discussion and from many less formal discussions with people in our field, parents, teachers, students, teacher educators, and friends of students with special needs related to emotional disturbance and behavioral disorders. These remarks represent my own personal processing of an ongoing review of field needs and our response to them.

Definitions

What is "serious emotional disturbance?" Who is a "seriously emotionally disturbed student?" How many "seriously emotionally disturbed children and youth" are there in the United States? Is this child so "seriously emotionally disturbed" as to need and be eligible for special education services? Are the "seriously emotionally disturbed" students in the special experimental class similar to the "seriously emotionally disturbed" students in the control group? Which of these students' "seriously emotionally disturbed" behaviors are the targets of the proposed intervention program? What will be considered a satisfactory rate or amount of change? Can you please specify the frequency of occurrence of the behaviors you are labeling "disturbed?"

We need to recognize the creative potential in deviant behavior and celebrate rather than suppress it.

It is a mistake to continue to search for a *general* definition of "seriously emotionally disturbance." Each of the above questions, which touch on problems such as incidence, eligibility for service, research generation, individual programming, and conceptual models, requires a different answer. We need to develop standards specifying desirable parameters of definitions for specific purposes such as these. Definitions need to be relevant to the purpose at hand. To assist us in thinking through this issue, we should undertake a review of present usage as reflected in professional journals, legislation, and individualized educational plans. Perhaps then, a working committee could formulate guidelines for us analogous to those developed in other areas, for example APA's recommendations for standardized tests.

Values

Although various theorists have noted that the application of the label "disturbed" to the behavior of another implies a value judgment, we have not reached consensus on the practical implications of this observation. Rhodes and Paul's (1978) challenge to us to recognize the creative potential in deviant behavior and celebrate rather than suppress it reflects values almost diametrically opposed to those of teachers who wish to dismiss from their classrooms any students whose behaviors they consider to be disturbing or disruptive. Value-laden issues are also involved when cultural minority groups demand to know why disproportionate members of their young people have been labeled by the schools as "disturbed." Rich (1977) has pointed out that there may be a sex bias favoring females where teacher evaluation of school behavior is involved; females are labeled "disturbed" less frequently than boys. How do we deal with the problems resulting from conflicts in values?

To suggest there is a simple answer would be foolish. A sustained program of discussion and negotiation among parents, teachers, and older students is required. But the outcome can be positive. Parents and teachers, even when major cultural differences are involved, do not differ greatly in their basic values. The great majority of parents are deeply concerned that their children learn, and are as concerned as teachers about disorder in schools. In most cases, they are ready to support use of very strong control procedures, not excluding use of corporal punishment, if told by teachers and administrators that this is necessary for establishing an orderly school environment in which learning can take place. A recent report (MARC, 1976) documents a regrettable case of this sort in New York City junior high schools. The solution of value-related problems is found by involving parents more in the making of policies that guide teachers and administrators in the management of problem behaviors in schools, then continuing their involvement as members of review boards to review the implementation of policies.

The issue raised by Rhodes and Paul is a much more difficult one—how do we deal with the recurrent social phenomenon of the creation of "scapegoats" from among those who behave differently, leading to the stripping from them of their rights to humane treatment. The best approach we have developed to date is to regulate the authority of those with power to hurt by establishing appropriate laws and guidelines for professional practice. Perhaps we can do better.

POLICY ISSUES

Competition for Resources

Recent court decisions have underlined the right of all children to a free public education appropriate to their needs. These court decisions have

received congressional endorsement through enactment of P.L. 94-142. All over this country, schools are being required to serve severely disturbed and behavior disordered children and youth who were previously excluded as ineducable or intolerably disruptive of the education of others. Other students whose behavior is difficult to manage are returning to the community as residential institutions respond to court decisions requiring their deinstitutionalization. Some students with histories of disturbed or delinquent behavior are remaining in the community because of public and court disillusionment with the therapeutic or correctional potential of the existing institutional programs. As a result, public school special educators are being asked to plan programs for young people with whom even institutions have found it difficult to work.

Emotionally disturbed children have two major needs: First, there is a need for the removal of pathological physiological or environmental conditions contributing to their maladjustment or disturbance and a need for assistance in unlearning behavior that is destructive to self or society. Second, there is a need for assistance in developing their potential for social competence through the learning of social skills, including those related to academic achievement in schools. It is the second area that is the primary focus and area of expertise of special education, but a moment's reflection reveals how futile the best educational program will be without a complimentary program focused on the first need by those who specialize in the removal of pathology such as medical doctors, social workers, psychologists, psychiatrists, and others.

Often when school boards are faced with the necessity for cutting back on programs, they first think of cutbacks in the areas that are not clearly direct educational services such as school health, social work, psychology, and counseling. Cuts in these areas have a major impact on special education programs for severely emotionally disturbed students. For while such supportive service programs have seldom been staffed to the level where they can assume responsibility for direct service dealing with pathological conditions affecting special students, they have provided an important link to the services available through community agencies. Curtailment of these supportive personnel services immediately limits the effectiveness of any special education program.

Competition for Resources Within Special Education

Even as special education as a whole is seeking to maintain or increase the overall amount of resources available for the education of the children with special needs, scuffles over existing resources are taking place within special education itself. Those of us concerned about the needs of children with behavior disorders need to think clearly less we be drawn into arguments and quarrels that will weaken our efforts on behalf of children. It is tragic, for instance, to see groups independently lobbying for the needs of severely emotionally disturbed children with autistic characteristics over against the needs of moderately disturbed children. And what reasons can be given for the exclusion of children labeled "socially maladjusted" from the provisions of P.L. 94-142? As concerned professionals, we must speak out if any child is prevented from receiving an appropriate special education because he or she has the "wrong" label, especially given our awareness of the questionable validity of our labeling procedures. All these children have desperate needs. To cooperate in plans to take from one group to serve another is short-sighted.

As concerned professionals, we must speak out if any child is prevented from receiving an appropriate special education.

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The assumption that the presence of the "normal" peer group facilitates the learning of socially approved behavior by special students is the major reason for the placement of such students in regular "mainstream" classrooms.

Yet, there is no question that we are tending to slip into groups contending for the same small number of dollars rather than recognizing our common interest in increasing the size of the total special education allocation. At a school budget planning meeting, one may hear an advocate for children with autistic characteristics speak of their needs as "greater" than those of other disturbed children. This produces a response from an advocate for the needs of moderately emotionally disturbed children about the poor cost/benefit ratio to be expected from serving children who "really should be institutionalized." Those of us with a broad concern that adequate services be provided for *all* children with handicapped conditions should be alert to the need to manage such internal competition for special education funds.

As a Minnesota legislator told a group of us recently, "groups such as yours can help your cause greatly if you have some degree of agreement among yourselves when you come to us at the legislature. If you come with a variety of points of view, legislators, who usually feel much less well-acquainted with the field than you are, have a hard time knowing where to come down with help. In consequence, you are less effective. I can always postpone action by saying quite sincerely, come back to see me when you have decided what you want."

SERVICE DELIVERY ISSUES

The Need for Educational Alternatives

The assumption that the presence of the "normal" peer group facilitates the learning of socially approved behavior by special students is the major reason for the placement of such students in regular "mainstream" classrooms. Systematic observation indicates that the behavior of children labeled "emotionally disturbed," just like the behavior of the rest of us, does indeed vary with the characteristics of the setting. Furthermore, the response of a given student to each situation is itself "individual." Pupil A does not respond as does Pupil B.

Adequate attention to this variation complicates our special programming. In addition to the continuums of special services frequently suggested (see Reynolds and Birch, 1977), we need an additional horizontal continuum of "alternative" regular and special settings. It has been argued earlier that the major goal in special education for the seriously emotionally disturbed is a development of competence in the social and academic skills required in schools. For some students, the necessary learning will come more easily in highly structured settings, while for others, relatively open settings will be more facilitative.

In Minneapolis, Minnesota, a range of educational alternatives, ranging from highly structured "fundamental" schools to very unstructured "free" schools, has been developed. The existence of this range of options has permitted both students and parents to seek the environments with which they feel most comfortable and learn most satisfactorily. In the case of special students, considerable counseling about the implications of alternatives may be necessary, but the development of the alternatives in the regular education program has important implications for the success of the mainstreaming effort and should be supported by special educators.

Changes in the Role of State Education Agencies

As a result of P.L. 94-142, dramatic changes are occurring in the role of

state education agencies. Because of the tradition that leaves many educational policy decisions with local school boards, the role of state education agencies has often been limited to providing information about state regulations and guidelines and monitoring local programs for general compliance. As federal funding for public education has increased, the monitoring responsibility of the state education agency has also increased. Now, with a substantial increase in discretionary money as a result of the new law, state education agencies can move into an important leadership position in special education. Just how the new responsibilities will be discharged is not yet clear, and there will certainly be considerable variation from state to state.

Special educators concerned about the education of seriously emotionally disturbed and behavior disordered students need to be certain that there is strong advocacy for such students at the state level. Since in most states, parents of emotionally disturbed children have not formed strong organizations such as those formed by parents of children with other kinds of disabilities, greater responsibility for advocacy falls on the shoulders of teachers, other school personnel, and college faculties.

Joint Planning by Parents, Students, Teachers

Over the years, most educational plans for students with special needs because of emotional disturbance or problem behavior have been developed and implemented by special educators working alone, or occasionally, with an interdisciplinary team of psychologists, social workers, and perhaps, psychiatrists or other medical specialists. The role of parents in planning has been passive, limited to approving the plan developed by the "experts." Often parents have been patronized as unable to contribute much except diagnostic information because of their presumed "heavy involvement" in the causation of their child's problem. Students, themselves, have been even more completely disfranchised as far as participation in the making of the major decisions was concerned.

The individualized educational plans (IEPS) now required by P.L. 94-142 force school personnel to provide for greater involvement by parents in planning educational programs for the children (Harvey, 1978). While involvement of students is not always required, our experience with programs stressing self-control strategies has demonstrated the value of student involvement in developing student commitment to proposed intervention plans. Both parents and students provide important assistance in the implementation of treatment programs to which they are committed.

Special educators are still learning effective ways of involving students and parents, but early results are encouraging. In the long run, the requirement of parent participation in planning will prove to be one of the most beneficial aspects of P.L. 94-142.

Special educators are still learning effective ways of involving students and parents.

INTERVENTION ISSUES

Therapeutic Value of Education

The importance of education in the broad sense of assisting individuals to grow, to develop their potential, as a part of therapeutic programs for persons with behavior problems has not always been recognized. As recently as the late 1950's, teachers were still "junior assistants" in therapeutic programs for emotionally disturbed children and youth. It was not unknown for those who had the right to use the potent term, "psychothera-

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Therapists now recognize that special educational programs that strengthen the capacity of individual disturbed children for acting and coping with their environments are as important to therapy as the removal of pathological conditions through psychiatric or physiological interventions.

pist"—a select group of psychiatrists, psychologists, and social workers from which educators were pointedly excluded—to categorize teachers and schools along with parents and homes, as among the primary *causes* of the emotional disturbance in children. I recall being told by a psychiatrist that it was unimportant whether or not a child patient of his assigned to my special class "learned" while in the class, because no "real" learning would take place until the child's problem had been resolved through therapy. Such a point of view, at once both presumptious and naive, was not held by all psychotherapists, and is hopefully now almost extinct. Therapists now recognize that special educational programs that strengthen the capacity of individual disturbed children for acting and coping with their environments are as important to therapy as the removal of pathological conditions through psychiatric or physiological interventions.

In the 1960's, just as educators were becoming accepted as members in good standing of the therapeutic team, another issue divided the field. The new struggle was between advocates of behavioral approaches and those favoring psychodynamic or psychoeducational approaches. Here again, there was a tendency for some to feel that they had to be identified with one viewpoint or the other while, in reality, most programs were based on a pragmatic combination of elements reflecting both theoretical positions. Only the most mechanistic behaviorist felt that it was useless to talk with students about feelings and goals, and only the most doctrinaire psychoanalytically-oriented educators insisted that present environmental contingencies were unimportant in the determination of present behavior. William Morse, in an interview published in *Exceptional Children* (1977), notes the importance of combinations of interventions drawn from these two major theoretical perspectives that can be observed in a number of exemplary programs. Most of us would agree with him that combined approaches recognize that human behavior is more marvelous and complex than any theoretical model and provide for flexible adaptation of the intervention to match the characteristics of the individual students. Hopefully, as we get more sophisticated in our understanding of the needs of individuals, our "bag of tools" will become larger so that we are better able to adapt to the requirements of a particular problem.

The developments mentioned have underlined the therapeutic potential of education. Teachers no longer have to feel like second-class members of the therapeutic team. They have an important contribution to make as part of the total healing and growing process.

Knowing the Limits of Education

Having spoken so positively about the therapeutic value of education, we must now stress the limits of our programs. As already mentioned in the discussion of policy issues facing special education, many institutions that provide services to students with emotional and behavioral problems are not bound by the constitutional obligation to provide services that affects the public schools nor are their clients compelled to attend, as are our students. Examples would be correctional institutions and psychiatric treatment centers. In recent years, both of these types of institution have returned to the community students for whom they do not feel able to program. Once in the community, the education of these students becomes the responsibility of the public schools. At present, funding resources provided the schools through local, state, and federal appropriations are inadequate to provide the total treat-

ment program these students need. The problem is what to do when other agencies either cannot or will not work in cooperation with us.

Our first responsibility is to demonstrate effectively the therapeutic potential of educational programs. But we must also speak out about what the schools *cannot do* as well as other agencies, and assist others in the mental health field to obtain the resources needed to maintain therapeutic programs that complement those of special education. In the competition for dollars, we often promise much more than we can deliver. On the other hand, if our educational programs have not been successful, we have been too ready to place the blame on factors outside of our control such as the family and community. In the long run, failing to deal honestly and openly with the public has affected our credibility.

Therapeutic special educators need support from other programs and professions in helping students with special needs succeed. But even when we provide the best special programming, and students have the support of all of the services that they need, including cooperative, concerned parents, there will still be some students who make very slow progress in learning to cope with society. Rhodes and Paul (1978) have suggested that a pessimistic explanation for the existence of this group of failures is that our "mental health institutions," including the schools, basically serve the deep neurotic need of our society to see deviant persons punished, rather than the therapeutic purposes for which they have been supposedly established. The incidence of "failures," they suggest, is the result of our failure to deal with this basic problem within ourselves. Even those who do not share this view, will recognize that there is a significant group of seriously emotionally disturbed students whom we are unable to help because of the severity of their problems or our lack of knowledge and skill. It is terribly important that we recognize and accept the fact of these limitations of our therapeutic programs, because the failure to recognize it may cause us to rationalize the punishment of students in ways that violate their fundamental human rights (Wood and Lakin, 1978).

Long Range Planning for Emotionally Disturbed and Behavior Disordered Youth

Many early special education programs for students with behavior and emotional problems appeared to be based on the assumption that such behavior was a transient phenomenon which would be "outgrown" by early adolescence. More cynically, we have probably assumed that if they did not outgrow their problems by early adolescence they would drop out of school. Whatever the reasons, programs for secondary-level students often tended to be restrictive and punitive in character if they did exist.

It is time to examine our beliefs about the persistence of behavior problems. While it is true that the period of the problem behavior in the lives of most children tends to be transient, the problems of a small subgroup persist over time. After reviewing the literature, Wood and Zabel (1978) have noted that while 20 to 30 percent of the child population at any given grade level will be described by teachers and parents as having "problems," there is a very high turnover rate in this group. Only 0.5-1.5 percent of the child population is assigned to the "problem" group year after year. However, even this group is larger than many of the categorical groupings for which we are concerned enough to provide careful long-range planning such as the crippled, visually impaired, and hearing impaired.

Therapeutic special educators need support from other programs and professions in helping students with special needs succeed.

Is long range planning taking place for students with disturbed and problem behavior?

Not systematically. Often students whose primary disabilities are behavioral or emotional are referred to programs set up to provide occupational guidance, vocational education, and employment advocacy primarily to persons recognized as developmentally disabled because of intellectual, sensory, or physical handicaps. We have been slow to provide special attention to adolescent students whose chronic social/emotional adjustment problems show that they will need prolonged supportive service to maintain a satisfactory adjustment in our society.

We have been slow to provide special attention to adolescent students whose chronic social/emotional adjustment problems show that they will need prolonged supportive service to maintain a satisfactory adjustment in our society.

Research Issues

Space limitations prevent an adequate discussion of the contributions of research to our work with emotionally disturbed and behavior disordered students and the research needs of the present. This brief review is given from the perspective of the special educator as a consumer of research rather than a researcher.

Most *reports* of research on the effectiveness of educational interventions with severely emotionally disturbed students are useful primarily to stimulate us to think of procedures to try in our own situations. Whether basic or clinical research, these reports do not meet enough of the criteria for internal and external validity to support confident generalization of their findings. They are particularly deficient in their descriptions of the target population and the treatment applied. These deficiencies underline the fact that our field is still primarily a *craft*, combining the characteristics of an art and a science, rather than a pure science.

The importance of the "match" between intervention and students has already been mentioned. If "match" is important, then the clinical need for detailed information about treatment and subject characteristics is apparent. This detail is almost completely lacking in most studies where group means are compared. Knowing from experience as well as theory that populations become more variable at the extremes, we find descriptions such "a randomly selected group of seriously emotionally disturbed students" meaningless. Comparison of group means can be informative only if the other requirements of group designs are met, and we should agree with Morse (1977) that at present we will often learn more from detailed N = 1 studies than poor quality group research.

Perhaps for the time being, we might do more systematic time series studies of single individuals who are receiving as much as possible the same treatment, describing them as adequately as we are able, and summarizing group means only as a secondary aspect of our report. Such research would help us look at detailed information about changes in the behavior of many single individuals. In the long run, it is simultaneous attention to both group mean characteristics and detailed description of the individual uniqueness that produces them that will move us ahead most rapidly.

As a footnote to these comments, we might note that the needs of students with special needs would be far better served if we rewarded researchers as well as for honest descriptions of ineffective programs as for shoddy descriptions of self-proclaimed successful programs. The literature of our field overreports success. For a recent note from a researcher outside our field whose opinions seem generally supportive of those just stated (see Slavin, 1978).

TRAINING ISSUES

Assisting Regular Teachers and Administrators to Meet Needs of Severely Emotionally Disturbed Students

Special educators sometimes talk about *sensitizing* regular teachers and administrators to meet the needs of severely emotionally disturbed students," lapsing into an attitude that weakens the effectiveness of our advocacy of mainstreaming. Regular teachers and administrators do not need to be "sensitized" to the needs of seriously emotionally disturbed students. The problem is assisting them to cope with the always frustrating and frequently disruptive behavior of such students, and that is a *shared* problem for us all. Changing customary and well-reinforced patterns of behavior in order to meet the needs of these students more appropriately in regular classrooms will always be difficult. It is especially difficult since the mainstreaming effort is occurring at a time when demands on teachers are being increased and supportive services in the schools are being cut back. More preaching will produce more teacher defensiveness, expressed in the efforts of teacher organizations to limit the responsibilities of regular teachers for children with special needs. What is needed is more direct assistance.

Inservice training sessions are not adequate to meet the need unless they are supplemented with on-the-line support. Direct support in training for teachers working in regular classrooms with emotionally disturbed students is not a new idea. Fifteen or more years ago, Dr. William Morse and others at the University of Michigan were developing the "crisis teacher" model (1976) and Redl, Long, and Newman were supplying "technical assistance in schools" (Long and Newman, 1961; Newman, Redl, and Kitchener, 1962). This good idea, however, has never been applied broadly because few school systems have been willing to commit funds for such programs in the face of the built-in preference for "getting rid of bad kids."

What about inservice training, the other approach to meeting the needs of regular class teachers and administrators? For maximum effectiveness, such training should be planned with substantial, responsive participation from the teachers who will receive the training and provision for on-site following-up activities that assist teachers to apply in their classrooms the concepts discussed in training sessions. Models for field-based training, including inservice elements, were recently discussed at a BEH funded conference held in Lexington, Kentucky under the direction of Dr. C. Michael Nelson (1978). Dr. Albert H. Fink has studied the effectiveness of various patterns for providing inservice training. A short summary of his ideas was published in *Behavior Disorders* (Fink and Brownsmith, 1977). In it, he lists general principles for successful inservice training of teachers.

Another valuable source of guidelines for special educators planning inservice training programs is a bulletin prepared by James Siantz and Edward Moore of the BEH-DPP staff in the Fall of 1977. While prepared to guide persons preparing proposals for funded inservice training, their bulletin provides a convenient check list of important aspects of inservice training.

Preservice and Inservice Training Needs of Special Teachers of Seriously Emotionally Disturbed Students

"Teacher burnout" is a long-standing problem in our field. All of us know

"Teacher burnout" is a long-standing problem in our field.

Because of "teacher burnout" and other factors that produce attrition, the need to continue preservice training of teachers to work with seriously emotionally disturbed students continues in all areas.

excellent teachers of seriously emotionally disturbed students who decided after five to ten years that they needed a change from the demanding day-to-day work in which they were involved. Some went into regular education, others into administration or graduate programs leading to other roles. Few returned to the special classroom. If we are realistic about the stress that working directly with seriously disturbed persons places on mental health, we will accept such voluntary retirements as understandable and appropriate. Thus, the issue related to the "burnout problem" is not "how do we keep teachers in our special classrooms for seriously emotionally disturbed students when they want to leave?," but "how do we provide an environment that helps special teachers deal with the stresses of their work for as long as possible?" Part of the answer lies in providing both recognition and reward, and support in optimal amounts. Good special administrators are doing this intuitively, but I'm not aware that anyone has looked at the matter systematically. Someone should.

Because of "teacher burnout" and other factors that produce attrition, the need to continue preservice training of teachers to work with seriously emotionally disturbed students continues in all areas. Dr. Gweneth Blacklock Brown and Douglas Palmer (1977) have published a survey of training programs currently being funded by BEH-DPP that provides information about resources and needs. According to their findings, training programs come closest to meeting the needs for teachers of elementary aged students with problems in the mild and moderate range. Training capacity is severely limited for groups such as the teachers of autistic/psychotic/developmentally disabled and emotionally disturbed students, preschool children with mental problems, and all groups at the secondary level. Strong programs preparing teachers to work across categories such as mental retardation, learning disabilities and emotional disturbance, or in mainstreaming situations, are few in number. Federal funding priority has been shifted to encourage program development in these areas of greatest deficiency, but it will be some time before the shift in priorities makes itself felt in the field.

We will face serious problems in building and rapidly disseminating the knowledge base needed to develop good training programs in these areas. It has taken us a long time to develop sophisticated programs in the areas that first attracted our attention and efforts. We are particularly short of knowledge at the secondary level, partly because the challenge presented by seriously emotionally disturbed students of this age is so great. Without going into much detail, I think the problems associated with program development can be satisfactorily met, but it will take time. Given a general shortage of resources in the field, I hope that program development in these new areas can take place without seriously weakening our efforts in areas where the need will continue although it is no longer relatively so critical.

Yet another training problem is being created by the application of the seniority criterion as the basis for cutting teachers in large school systems where enrollments are declining. Since special education programs serving emotionally disturbed students are relatively new in most systems, and because of the attrition or "burnout" problem that has been mentioned, many of our specially trained teachers have low seniority in their systems. As a result, some of these well-trained teachers are the first to be dismissed, and their pupils are reassigned to regular teachers on

the basis of seniority. While in some ways this is a preservice training problem, in most cases it emerges as an inservice problem with the emphasis often appearing to be placed more on getting these new teachers "certified" than on getting them "professionally qualified" for their new positions. It is important that we do all we can to hold out for high quality training, seeking ways to develop a service delivery model that accommodates the special needs. In itself, experience in the regular classroom should be an asset for these new teachers. We need to do what we can to make sure that forced reassignment is not a permanent liability to themselves or to students.

SUMMARY

Dealing effectively with all of the issues raised in this paper would keep us all very busy in the next few years. Some problems can probably be solved through simple hard work, although the solutions inevitably turn out to be more complex than we anticipate. Others, like those reflecting fundamental differences in values, the social labeling of certain kinds of behavior as deviant, or resetting the priorities for the allocation of our field's limited resources will never be fully resolved. On the whole, we can feel encouraged by the progress that special education for seriously emotionally disturbed students has made in the past twenty years. We must work to ensure the continuing development of programs that are both more effective and more humane for assisting students who have been labeled "emotionally disturbed" or "behavior disordered" to develop their unique potential as social beings than those of the present.

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We must work to ensure the continuing development of programs that are both more effective and more humane for assisting students who have been labeled "emotionally disturbed" or "behavior disordered."

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Knowledge/Skills Needed by Teachers Who Work with Students with Severe Emotional/Behavioral Disorders: A Revisitation

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ABSTRACT: The purpose of the present study was to reexamine knowledge/skills statements that reportedly have been used in teacher preparation programs for teachers of students with emotional/behavioral disorders. Knowledge/skills statements, 201 arranged by 11 categories, were rated by 102 teachers of students with emotional/behavioral disorders as to importance, proficiency, and frequency of use. Means for all responses to the 201 statements as well as the weighted means for each of the 11 categories are reported. In addition, items that were similar to the knowledge/skills statements recently published by The Council for Exceptional Children are highlighted. Implications for teacher preparation are discussed briefly.

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Preparing personnel to work in tomorrow's schools is an imposing task considering the changing demographics in the United States and the growing number of school reform efforts initiated, often without the necessary funding and support. The task is even more overwhelming when consideration is given to the changing philosophies and structures related to special education (The Council for Exceptional Children, 1993). There is much discussion today about how to improve the preparation of teachers, although this is not a new area of concern for either general or special education. For at least the past 25 years, there have been periodic attempts to initiate what were considered to be significant changes that might increase the quality of training of personnel who work with students with special needs. This article will focus on one of these efforts, that is, to reexamine knowledge/skills needed by teachers of students with emotional and behavioral disorders (E/BD) that could be incorporated into preservice and inservice preparation programs.

The purpose of the present study was to reexamine knowledge/skills statements that have reportedly been used in teacher preparation programs for teachers of students with E/BD.

One of the earliest attempts to identify competencies needed by teachers of students with E/BD was done by Mackie, Kvaraceus, and Williams (1957), who used a study group to identify 88 competencies. This list was submitted to persons in the field with a request to rate the importance of each item (skill) and their own personal level of proficiency in using the item. After this initial study appeared in the literature, other investigators began to examine the competencies needed by teachers of students with E/BD.

In 1960, Rabinow, working with the staff at the Neuropsychiatric Institute (NPI) affiliated with the University of California at Los Angeles, described competencies needed by teachers of students with E/BD to function as members of treatment teams. Although Rabinow's list was not as lengthy as Mackie's, he was more specific concerning the skills needed. Hewett (1966) identified a hierarchy of 7 competencies that were based on his experiences in teacher preparation at the NPI. Haring and Fargo (1969), who identified 8 competencies, indicated that the true test for ensuring that a teacher in training was competent was not the completion of coursework, but instead, the effects produced on student behavior.

In 1971, Bullock and Whelan reported the results of a replication of the Mackie et al. (1957) study; in 1973 and 1974, Bullock, Dykes, and Kelly reported a comprehensive study that delineated 9 clusters of competencies needed by teachers of students with E/BD. In addition, during the 1970s and 1980s, several other authors addressed issues related to the identification of competencies needed for personnel who work with students with E/BD (e.g., Cullinan, Epstein, & Schultz, 1986; Kerr, Salzberg, Shores, & Stowitschek, 1979; Polsgrove & Reith, 1979; Shores, Cegelka, & Nelson, 1973; Zabel, 1988). Two of the more recent studies have been reported by Gable, Hendrickson, Young, and Shokoohi-Yekta (1992) and Fink and Janssen (1993). Gable et al. (1992) asked teachers and teacher trainers (a) to rate the importance of a set of competencies, (b) to provide an estimate of the number of hours they spent each week using the competencies, and (c) to judge the adequacy with which teacher preparation programs equipped teachers to demonstrate these competencies.

Fink and Janssen (1993) used a group of practitioners in the state of Kentucky to assist in the delineation of competencies needed by teachers of students with E/BD. Once delineated, the project used a group of teachers to assist in the validation process. This study reported a total of 68 recommended competencies and performance-based objectives falling within 9 broad categories.

In 1989, the Delegate Assembly of The Council for Exceptional Children (CEC) charged the Professional Standards and Practices Committee to develop Standards for Entry into Professional Practice. This charge was carried out and culminated in a recent article published in *TEACHING Exceptional Children* (Swan & Sirvis, 1992). Prior to the Delegate Assembly charge to the CEC committee, a task force of the Teacher Education Division (TED) of CEC had been aggregating lists of the knowledge/skills statements that were being utilized in teacher preparation by specialty areas. The senior author was a member of the TED task force and assumed the responsibility for the area of E/BD.

The purpose of the present study was to reexamine knowledge/skills statements that have reportedly been used in teacher preparation programs for

teachers of students with E/BD. Rated by 102 teachers of students with E/BD were 201 knowledge/skills statements as to importance, proficiency in using the items, and frequency of use of the items.

METHOD

Institutions and agencies identified as having teacher preparation programs with E/BD emphasis were invited to provide aggregate lists of knowledge/skills statements used in their teacher preparation programs; 21 institutions and agencies responded to this request by sending these lists. With one exception, no institution or agency indicated how the knowledge/skills statements had been derived. After reviewing these aggregate lists, a final aggregated list was produced which yielded 1,341 separate statements.

Instrumentation

The ultimate goal was to organize the knowledge/skills statements in a manner that allowed implementation of a validation process. Several steps were involved in preparation of the statements for this validation. First, all 1,341 statements were placed on 3 x 5 index cards. These statements were carefully reviewed by the authors; duplicates were eliminated, and some statements were combined into a single statement. After this rather extensive process of validation and cross-checking by each researcher, 209 statements remained. Nine categorical headings were then established based on categorical data obtained in earlier studies by the senior author (Bullock & Whelan, 1971; Bullock et al., 1974), plus one labeled as *Other.*

Ten graduate students with an emphasis in E/BD were asked to independently sort the statements into the established categories. Any statement that did not appropriately fit within one of the established categories was to be placed under Other. The card sorts were recorded and reviewed by the researchers who decided the best categorical placement for the items. Items placed under Other were reviewed by the researchers who decided whether additional categories were needed or if the items could logically be placed under an existing category. Two or more raters agreed on the categorical placement for most of the statements and interrater agreement ratios were computed. These measures suggested that categorical placements were accurate (McMillan & Schumacher, 1984). Two categories were identified from the Other which appeared to stand apart from the nine previously identified categories — Consultation/Collaboration and Parents. As a result, these two additional categories were added.

Finally, after each item was placed in a category, four doctoral level teacher trainers and experts in the field of E/BD (Drs. Robert Gable, VA; Eleanor Guetzloe, FL; Robert Rutherford, AZ; and Richard White, NC) were given an extensive research packet which contained the 209 knowledge/skills statements and specific directions asking each expert to critique carefully the list of statements and make recommendations as to (a) the accuracy, clarity, and readability of the items; (b) whether they agreed with the categorical placement of the items; and (c) whether additional items were needed. In cases where two or more of the same recommendations were made by the experts, the authors incorporated the recommendations into the final list of statements. The final list included 201 statements organized under 11 different categories. A brief description of the categories and the number of items listed under each category are presented in Table 1.

The ultimate goal of this study was to organize the knowledge/skills statements in a manner that allowed implementation of a validation process.

The final list included 201 statements organized under 11 different categories.

TABLE 1

Brief Description of Knowledge/Skills Categories and Number of Items in Each

Knowledge/ Skills Category	*Description*	*Number of Items*
Foundation information	Focuses on terminology, classification procedures, and historical development of E/BD systems	22
General knowledge	Focuses on unique applications of the CEC Core of Knowledge/Skills as related to the E/BD specifically	33
Theory and knowledge	Focuses on the examination of theories as they relate to the etiology of the disorder of E/BD, diagnosis, and designing intervention systems which would facilitate the emergence of a personal orientation and philosophy	10
Screening/ Assessment	Focuses on the development of a knowledge base of appropriate screening/assessment practices as they relate specifically to the E/BD population	24
Behavior management	Focuses on the examination of systems/procedures which may be applied/utilized to facilitate social/emotional growth of students with E/BD	31
Programing	Focuses on the examination of classroom organization, instructional management, and individualized curricular applications designed to facilitate academic, social, and emotional growth of students with E/BD	37
Field experience/ practice	Focuses on opportunities for students in training to participate in hands-on experiences with students with E/BD (mild to severe) being served in a variety of placement options ranging from least restrictive to most restrictive	13
Parents	Focuses on increasing the understanding of students in training of parents' needs, how to communicate effectively with parents and assist them in becoming more facilitative advocates for their children	16
Evaluation, research,	Focuses on techniques and procedures and technology available to classroom teachers to assist in student and program evaluation, student database management, and the use of Computer Assisted Instruction (CAI) and Computer Managed Instruction (CMI)	7
Consultation and collaboration	Focuses on the consultative and/or collaborative role of the special educator in ensuring the appropriate educational services are being provided to students with E/BD and in working with teachers and other direct service providers	4
Resources	Focuses on the techniques that teachers of E/BD students can utilize in working with a wide variety of school- and community-based professionals in order to facilitate delivery of appropriate services to students with E/BD	4
Total items		201

Subjects and Setting

A total of 102 teachers of students with E/BD participated in the survey. These participants ranged in age from 20 to 60+, with the largest number falling into the 35- 49 year age brackets; 92 were females and 10 were males. Of the schools in which the participants worked, 44 were in suburban areas, 33 were in urban areas, and 25 were in rural areas.

All the participants were either fully certified (n = 94) or provisionally certified (n = 8) to teach students with E/BD, depending on state certification patterns. Participants' degrees ranged from bachelor's to doctoral (i.e., 26 had bachelor's degrees; 66, master's; 7, specialist's; 3, doctoral). Years of total teaching experience ranged from less than one to more than 15 years (i.e., < 1 = 1; 1 - 5 = 20; 6 - 10 = 24; 11 - 15 = 23; > 15 = 34). The number of years in their present teaching position ranged from less than one year to more than 15 years (i.e., < 1 = 6; 1 - 3 = 44; 4 - 6 = 21; 7 - 9 = 12; 10 - 12 = 6; 13 - 15 = 7; > 15 = 34).

Procedures

The validation process was carried out with teachers of students with E/BD who had specific preparation and teaching credentials to work with this population of students. Using CEC's data bank, teachers of E/BD were identified and sent a letter explaining the proposed project and asking if they would be willing to participate in the proposed validation project. In addition, a demographic survey form was included which requested information about their academic and teaching background. From those who indicated a willingness to participate and who met the established criteria of having specific preparation and teaching credentials to work with students with E/BD, a random sample was selected to participate in the validation process.

A total of 128 teachers of students with E/BD were mailed the validation packet which contained another demographic survey form and a listing of 201 knowledge/skills statements with the instructions to indicate, using a 5-point scale with 1 being high and 5 being low, (a) how important they believed each item was, (b) how proficient they felt in using each item, and (c) how frequently they used each item. Completed validation packets were returned by 102 (80%) of those contacted; these teachers represented 32 states.

DATA ANALYSIS AND RESULTS

The data from the packets completed and returned by the 102 (80%) participants were submitted to several analyses. The first analysis was conducted to determine the knowledge/skills statements that teachers felt were the most important, those at which they felt most proficient, and those they believed they used with the greatest frequency. To do this, the mean responses for each of the 201 knowledge/skills statements were computed using a SAS microcomputer program. These means were then ordered from the highest (1) to lowest (5). An analysis was conducted across Importance, Proficiency, and Frequency of Use variables. Then, all knowledge/skills statements were ranked by the mean Importance within categories and associated Proficiency and Frequency of Use means were delineated.

In order to depict similarities between the CEC knowledge/skills statements (Swan & Sirvis, 1992) and the knowledge/skills for E/BD addressed in this study, all statements within the E/BD list that were similar in content to the CEC statements have been highlighted for easy recognition and referenced to the respective CEC number of knowledge or skill statement (see Table 2).

All statements within the E/BD list that were similar in content to the CEC statements have been highlighted for easy recognition and referenced to the respective CEC number of knowledge or skill statement.

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TABLE 2

Knowledge/Skills Related to Teaching Students With Emotional/Behavioral Disorders Reported by Category Along with the Rank Order and Means for Importance, Proficiency, and Frequency of Use

		Importance		*Proficiency*		*Frequency of Use*	
		Rank	*Mean*	*Rank*	*Mean*	*Rank*	*Mean*
FOUNDATION INFORMATION							
Understanding of							
1	rationale/benefit/limitations of and specific intervention with children/youth with severe E/BD linked to particular philosophical points of view	6	1.89	4	1.85	4	2.04
2	results of research in area of E/BD and closely allied fields	7	1.91	6	2.24	5	2.72
3	nature, etiology, and/or effects of E/BD	4	1.60	2	1.71	2	1.66
4	**cognitive development as it relates to emotional/behavioral development and behavior performance (CEC.K8)**	**2**	**1.48**	**3**	**1.74**	**1**	**1.66**
5	historical development of programs for students with E/BD	9	3.07	8	2.30	9	4.02
6	developmental, emotional, and educational problems of children born addicted to drugs	3	1.15	9	2.59	8	2.78
7	current educational definitions of E/BD including the identification criteria and labeling controversies	5	1.67	4	1.77	6	2.73
8	**characteristics of E/BD and indications for education and treatment of populations with E/BD (CEC.K12)**	**1**	**1.34**	**1**	**1.47**	**3**	**1.67**
9	utilize professionally accepted classification systems	8	2.10	6	2.01	7	2.75
Ability to							
10	relate contributions of other professional disciplines to identification, classification, treatment, and education of exceptional pupils	5	1.80	7	2.04	2	2.31
11	recognize and identify the characteristics of children with E/BD as established by the American Psychiatric Association	8	2.04	11	2.26	6	2.90
12	list orally or in writing the most frequently accepted definitions of E/BD	11	2.48	9	2.12	11	3.58
13	list orally or in writing the major social characteristics of E/BD substantiated by current literature	9	2.30	8	2.09	9	3.27
14	list orally or in writing terminology associated with E/BD and their definitions critical to the understanding of children and youth with E/BD	7	2.00	4	1.90	7	2.91
15	identify procedures related to the education of students with E/BD	3	1.33	2	1.74	3	2.43

16	list orally or in writing the major classifications of mental disorders as delineated in the DSM III-R from the American Psychiatric Association	12	3.03	13	3.00	12	3.84
17	list orally or in writing the current prevalence of E/BD in the school-age population, substantiated by current literature	13	3.08	12	2.81	13	4.19
18	describe orally or in writing the key aspects (i.e., rationale, program components, operation, evaluation) of major educational/therapeutic intervention approaches relevant to E/BD	4	1.78	5	1.93	5	2.88
19	describe orally or in writing the characteristics of treatment options and education provision for children or youth socially maladjusted or delinquent	6	1.83	6	1.95	8	2.97
20	plan, organize, and implement an individual education plan (IEP) appropriate to the cognitive and affective needs of the student with E/BD	1	1.18	1	1.17	1	2.12
21	identify early intervention strategies used with students with E/BD	2	1.33	3	1.74	4	2.43
22	identify factors affecting the definitions and prevalence of E/BD	10	2.46	10	2.14	10	3.31
GENERAL KNOWLEDGE							
Understanding of							
23	**the relationship of special education to general education (CEC.S6)**	**1**	**1.18**	**1**	**1.17**	**1**	**2.12**
24	**professional ethics in the field of special education (CEC.VIII)**	**1**	**1.27**	**1**	**1.27**	**1**	**1.45**
25	importance of various types of grouping techniques for instruction (e.g., heterogeneous grouping)	12	1.66	7	1.69	6	1.90
26	**procedural safeguards and/or legal issues related to the assessment process (CEC.K18)**	**3**	**1.38**	**11**	**1.75**	**11**	**2.50**
27	**processes related to goals and objectives for special education (e.g., formulation, rationale) (CEC.K1)**	**10**	**1.60**	**6**	**1.61**	**8**	**2.28**
28	**federal laws and regulations concerned with special education (e.g., PL 94-142 as amended, Section 504 of the Rehabilitation Act, and the IDEA re-authorization) (CEC.K4, K5)**	**7**	**1.49**	**10**	**1.70**	**13**	**2.76**
29	federal, state, and local regulations regarding appropriate identification procedures	9	1.56	12	1.78	15	2.90
30	**philosophy and principles of career education, continuing education, and recreation activities as applicable to individuals with special needs (CEC.S52)**	**17**	**1.94**	**18**	**2.32**	**16**	**3.10**
31	**characteristics and stages of normal social/emotional growth and development (CEC.K8, S15)**	**5**	**1.40**	**3**	**1.54**	**7**	**1.93**
32	physical development, physical disability, and health impairment as they relate to emotional/behavioral development and behavior	14	1.74	15	2.02	9	2.37

TABLE 2, Continued

		Importance		*Proficiency*		*Frequency of Use*	
		Rank	*Mean*	*Rank*	*Mean*	*Rank*	*Mean*
33	***major issues in education and special education from a philosophical basis including historical, social, and cultural perspectives (CEC.1)***	***18***	***2.51***	***16***	***2.16***	***19***	***3.39***
34	**need for protection of individual privacy through appropriate strategies for professional and personal interactions (CEC.K89)**	**8**	**1.49**	**5**	**1.55**	**3**	**1.83**
35	concepts of "normal" versus "exceptional/abnormal"	15	1.86	8	1.69	5	1.85
36	state/provincial legislation and rules pertaining to students with special needs	13	1.67	13	1.88	10	2.49
37	roles that teachers, other professionals, and parents assume in providing instruction and other services for students with and without disabilities	6	1.44	4	1.54	4	1.85
38	impact that state and national legislation/litigation and professional and parent organizations have upon the development of special education programs	16	1.92	17	2.20	17	3.22
39	parental rights and responsibilities that are described in state, provincial, and federal statutes and regulations	4	1.38	9	1.70	14	2.78
40	the types and importance of information generally available from family, school officials, legal system, Department of Social and Health Services, and mental health agencies	11	1.65	14	1.97	12	2.57
Ability to							
41	specify professional organizations and publications related to special education	9	2.16	8	1.76	8	3.00
42	identify the participants and specify roles of the assessment or Individualized Education Program (IEP) team	5	1.41	2	1.29	4	2.76
43	explain issues and/or procedures related to the development, implementation, and/or evaluation of an Individualized Education Program (IEP)	4	1.39	3	1.34	3	2.71
44	list, define, and describe the etiological, educational, and vocational aspects of the traditional and contemporary categories of exceptionality	11	2.54	12	2.36	10	3.68
45	explain the principles of normalization versus the educational concept of "least restrictive environment" in designing educational programs	7	1.75	6	1.60	6	2.95
46	list the major components of state and federal legislation and their implications for the delivery of services to exceptional children/youth	8	2.03	9	2.25	9	3.47
47	explain orally or in writing general policies regarding referral and placement procedures for E/BD populations	6	1.63	7	1.62	7	2.98

48	exhibit skills needed for interdisciplinary communication and team functioning	2	1.23	4	1.37	1	1.33
49	describe Child Find activities	13	2.68	15	3.06	13	4.03
50	function as a member of a team to plan social and educational interventions for students	3	1.26	5	1.39	2	1.79
51	describe the major current trends and attitudes and major historical forces which influence the provision of services for children with special needs	10	2.50	11	2.28	12	3.75
52	identify national prevalence figures of major areas of exceptionality	15	3.11	14	2.90	15	4.23
53	discuss the philosophical basis for the delivery of services to children with special needs	12	2.59	10	2.26	11	3.69
54	identify major contributors to the growth and improvement of past-to-present special education knowledge and practices	14	3.06	13	2.76	14	4.14
55	develop an appropriate IEP considering assessment analysis, input from other professionals, input from parents, and input from interagency sources	1	1.16	1	1.22	5	2.78
	THEORY AND KNOWLEDGE						
	Understanding of						
56	differences between organic and psychogenic theoretical approaches and their possible interaction	6	2.40	6	2.68	6	3.45
57	theories (e.g., psychodynamic, behavioral) as they relate to etiology, diagnosis, and intervention procedures	4	2.16	2	2.23	2	3.20
58	theories, structure, and programing parameters of career/vocational education as they relate to students with affective/behavioral needs	3	2.11	5	2.59	5	3.42
59	theories of delinquent behavior and the processes of the correctional system	2	2.06	4	2.58	4	3.40
60	model programs that have been effective in managing students with emotional/behavioral disorders	1	1.67	1	2.17	1	2.95
61	how deviance is perceived by different systems (i.e., mental health, religion, legal-corrections, education, social welfare)	5	2.17	3	2.47	3	3.25
	Ability to						
62	state orally or in writing the goals and intervention models related to the following theoretical approaches: psychodynamic, behavioral, biophysical, sociological, ecological, humanistic/phenomonological, and "counter"	4	2.69	4	2.62	4	3.96

TABLE 2, Continued

	Importance		Proficiency		Frequency of Use	
	Rank	Mean	Rank	Mean	Rank	Mean
63 describe and defend a personal orientation for dealing with children/youth and translate into educational practice	1	1.59	1	1.50	1	2.39
64 apply knowledge of teaching interventions based on traditional theories of psychopathology	2	2.16	2	2.29	2	2.84
65 define, discuss, and critique major theories that relate to understanding cultural diversity and the special learner (CEC.K12)	**3**	**2.27**	**3**	**2.60**	**3**	**3.29**
ASSESSMENT/SCREENING						
Understanding of						
66 statistical concepts that facilitate appropriate interpretation of assessment findings (CEC.K16)	9	2.01	9	2.31	9	3.21
67 minimum assessment requirements mandated by federal and state laws (CEC.K18)	**5**	**1.62**	**4**	**1.73**	**6**	**2.96**
68 the use of informal assessment (e.g., observation and conferences, teacher-made criterion-referenced tests) in individualizing instruction for students with E/BD (CEC.S28)	**1**	**1.21**	**1**	**1.32**	**1**	**1.75**
69 essential characteristics of a good behavior rating scale	7	1.71	6	1.94	4	2.74
70 factors involved in the appropriate selection and use of tests to measure academic achievement in children with E/BD	6	1.69	8	2.05	8	3.00
71 the value and limitations of checklists for diagnostic practices	8	1.90	7	2.03	7	2.96
72 processes involved in the diagnosis of students with E/BD	4	1.50	3	1.59	5	2.80
73 criteria used in determining eligibility, the effects of dysfunctional behavior on learning, and the differences between behavioral and emotional disorders and other disabling conditions	2	1.41	5	1.76	2	2.57
74 role of a member of a multidisciplinary evaluation team in the referral process (CEC.S25)	**3**	**1.43**	**2**	**1.44**	**3**	**2.69**
Ability to						
75 explain policies and procedures for the referral, evaluation, placement, and movement of students (CEC.S31)	**6**	**1.45**	**6**	**1.54**	**7**	**2.72**
76 assess the "least restrictive environment" for educational services	5	1.39	4	1.44	6	2.70

77	interpret and use a variety of assessment instruments in the affective, perceptual, and cognitive educational domains; and use of assessment information to plan an individual program and evaluate progress	7	1.50	8	1.75	8	2.79
78	list major psychometric instruments utilized to assess students with E/BD and explain what the tests purport to measure, why they are used, and how this information is useful in educational planning	15	2.09	14	2.33	12	3.40
79	utilize informal techniques for completing an educational assessment on a given child in areas such as: motor, hearing, vision, reading, arithmetic, spelling, aptitude, and interest	8	1.51	7	1.63	4	2.51
80	translate assessment data into recommendations for educational programing	4	1.35	5	1.46	5	2.62
81	determine and explain orally or in writing the education performance level of a specific child by "pinpointing" deficits, weaknesses, and strengths	1	1.30	2	1.37	M/D	M/D
82	determine or explain orally or in writing the social, emotional, and behavioral needs of students	2	1.31	1	1.36	1	2.07
83	identify the steps in the diagnostic process and pair an appropriate test instrument or alternative for each step	13	2.02	13	2.15	2	2.31
84	plan, explain, direct, and implement a procedure for screening students with E/BD in a school population	14	2.06	15	2.49	14	3.83
85	**select, administer, and interpret various standardized group and individual instruments for measuring students' academic performance (CEC.K20)**	**12**	**1.88**	**10**	**1.93**	**11**	**3.27**
86	**Interpret and use information from case records (e.g., reports from psychiatrist, psychologist, psychiatric social worker) for planning intervention strategies (CEC.S25)**	**3**	**1.31**	**3**	**1.37**	**3**	**2.46**
87	prepare accurate formal social assessment reports on students based on behavioral-ecological information	10	1.82	12	2.06	13	3.46
88	differentiate between identification, assessment, and evaluation procedures and the process of ongoing assessment	9	1.79	9	1.89	9	2.96
89	select, administer, and score an appropriate curriculum-based assessment instrument across curricula areas	11	1.84	11	2.02	10	3.11
BEHAVIOR MANAGEMENT							
Understanding of							
90	behavioral principles for increasing and decreasing behaviors and implementation of individualized behavior management plans with rules and positive/negative consequences to modify deviant behaviors and increase appropriate behaviors of students with E/BD	1	1.17	1	1.26	1	1.27

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TABLE 2, Continued

		Importance		*Proficiency*		*Frequency of Use*	
		Rank	*Mean*	*Rank*	*Mean*	*Rank*	*Mean*
91	**ethical issues related to the use of punishment and aversive consequences (CEC.K72)**	**3**	**1.31**	**2**	**1.33**	**3**	**1.78**
92	**ethical and legal responsibilities associated with behavioral interventions (CEC.K72)**	**2**	**1.26**	**3**	**1.34**	**2**	**1.66**
Ability to							
93	**plan and implement a variety of crisis management procedures (e.g., timeout, therapeutic holding) to control/contain severe behavior (CEC.75)**	**6**	**1.22**	**7**	**1.36**	**12**	**1.49**
94	use a variety of nonaversive techniques (e.g., voice modulation, facial expressions, planned ignoring, proximity control, tension release)	1	1.13	1	1.16	1	1.01
95	develop and implement a systematic behavior management plan for students including timelines and employ a hierarchy of intervention techniques	14	1.37	16	1.57	15	1.73
96	select target behaviors to be changed and identify the critical variables affecting the target behavior (e.g., subsequent events, antecedent events)	9	1.24	9	1.39	10	1.46
97	analyze the theory behind reinforcement techniques and its application in teaching students with E/BD	26	1.96	22	1.78	26	2.78
98	use different schedules of reinforcement effectively	16	1.41	11	1.44	9	1.43
99	self-evaluate one's own teaching and classroom management skills and use the results constructively	10	1.29	19	1.67	14	1.67
100	record pupil behavior utilizing at least three different systems: sociometric, rating scales, and direct observation	22	1.71	23	1.83	20	2.06
101	choose and justify an appropriate recording system, based on relative strengths and weaknesses, from among several systems	21	1.68	25	1.88	25	2.64
102	designate certain pupil behavior as either appropriate or inappropriate for a specified age group based on observation and social validation	13	1.36	8	1.36	8	1.35
103	explain orally or in writing the aspects of major educational/therapeutic interventions (i.e., rationale, program components, operation, evaluation)	28	2.03	28	2.11	28	3.36
104	list orally or in writing the appropriate use of a variety of behavioral management models and techniques	24	1.75	21	1.72	27	3.05
105	utilize behavioral principles to design procedures (i.e., observation, recording, charting, interventions) to effect behavior change	11	1.33	12	1.47	16	1.75
106	establish and maintain pupil attention, and present reinforcement and/or correct pupil responses	2	1.16	10	1.40	2	1.03

107	develop and/or implement a reinforcement hierarchy for each student	15	1.38	15	1.54	13	1.60
108	develop and/or implement a positive reinforcement plan to change and/or maintain behavior for a classroom setting	8	1.22	4	1.33	7	1.33
109	develop and/or implement role playing as a behavior management technique	23	1.74	24	1.87	24	2.38
110	**develop and/or implement a consistent classroom routine (CEC.S79)**	**4**	**1.19**	**3**	**1.22**	**3**	**1.09**
111	**gather performance samples of a student's work and be able to generate a task analysis (CEC.S49)**	**20**	**1.63**	**20**	**1.70**	**22**	**2.20**
112	perform systematic evaluation and provide documentation for pupil behavior through the use of charts, graphs, and logs in both academic and social areas of conduct	17	1.46	18	1.60	17	1.80
113	develop and/or implement appropriate classroom rules and a means for enforcing these rules	3	1.16	2	1.20	6	1.21
114	apply the Premack Principle in planning and implementing an appropriate schedule for each student in the class	27	1.99	27	2.05	23	2.23
115	**use varied behavior management plans (e.g., behavior modification, life-space interview, logical and natural consequences) in a classroom setting (CEC.S77)**	**5**	**1.21**	**6**	**1.35**	**5**	**1.20**
116	define and use skills in problem solving and conflict resolution based on a specified theoretical orientation	25	1.84	26	1.96	19	1.98
117	determine for each student a reinforcement preference and use different reinforcers to change and maintain behavior	12	1.35	13	1.49	11	1.47
118	develop and negotiate acceptable contracts with students, parents, and other school personnel	18	1.46	14	1.53	21	2.17
119	use various techniques (e.g., modeling, imitation, rehearsal, inquiry, prompting, cuing, feedback, consequation, discussion, lecture) in isolation or in combination for providing appropriate instruction for students	7	1.22	5	1.34	4	1.11
120	utilize the findings of systematic classroom observation to analyze pupil behavior	19	1.51	17	1.59	18	1.81
PROGRAMMING							
Understanding of							
121	factors involved in the selection and/or use of appropriate commercial or teacher-made instructional materials for students with E/BD	5	1.69	4	1.86	5	2.45
122	techniques for promoting generalization (e.g., setting, time, personnel)	6	1.71	6	2.12	2	2.03
123	the theoretical rationale/basis for specific management techniques (e.g., life-space interview)	7	2.06	7	2.17	7	2.77

TABLE 2, Continued

		Importance		*Proficiency*		*Frequency of Use*	
		Rank	*Mean*	*Rank*	*Mean*	*Rank*	*Mean*
124	continuum of alternative placements and programs (e.g., consultation, resource room, self-contained) available to students with E/BD; state, provincial, and local services available; and the advantages and disadvantages of placement options and programs within the continuum of services	2	1.39	1	1.57	6	2.69
125	**characteristics and possible side effects of the use of medication in programs for students with E/BD (CEC.K13)**	**4**	**1.45**	**5**	**1.90**	**3**	**2.16**
126	importance of establishing the duties, the training, and the supervision of aides	1	1.36	2	1.70	1	1.86
127	issues, resources, and techniques used to integrate the students with E/BD into alternative environments	3	1.43	3	1.75	4	2.30
Ability to							
128	explain age-appropriate vocational instructional materials and plan for transition from school to postsecondary training and employment	22	1.70	28	2.78	25	3.75
129	select, develop, adopt, and evaluate curriculum materials and technology	19	1.65	20	1.99	19	2.85
130	select a functional classroom design (e.g., functional seating, work area, storage)	8	1.38	8	1.45	12	2.25
131	establish a consistent classroom routine	2	1.21	1	1.22	1	1.12
132	explain orally or in writing and/or demonstrate appropriate management procedures when presented with a spontaneous management problem	5	1.30	7	1.43	5	1.41
133	**list and demonstrate a variety of commercial materials designed to facilitate social development, and evaluate the pros and cons (CEC.K38)**	**27**	**2.20**	**23**	**2.31**	**24**	**3.51**
134	establish classroom rules as well as a means for enforcing these rules	3	1.21	2	1.23	4	1.41
135	**select appropriate instructional materials from available resources (e.g., Regional Service Center, professional library) when given a specific instructional problem (CEC.K46)**	**21**	**1.70**	**19**	**1.91**	**21**	**2.99**
136	develop appropriate "teacher-made" materials to aid in reaching objectives when given specific instructional objectives	9	1.38	10	1.53	13	2.24
137	state instructional goals, set priorities for teaching, and state a criterion level for mastery of each task when presented with a statement of an individual's specific social deficits	13	1.47	13	1.73	17	2.57

138	compile a comprehensive annotated bibliography on vocational areas appropriately divided into age level categories	30	3.05	30	3.37	30	4.57
139	construct an instructional sequence to teach general job seeking skills (e.g., programing job applications, how to obtain job leads, writing checks) for a class of students	26	2.05	25	2.39	26	3.92
140	task analyze potential jobs and design a transitional plan for a specific job	28	2.34	29	3.00	29	4.43
141	develop a comprehensive collection of free and inexpensive literature dealing with social and academic problems of children and youth	29	2.47	24	2.36	27	3.94
142	**access the career/vocational needs of students (CEC.K52)**	**24**	**1.92**	**27**	**2.67**	**28**	**4.06**
143	prescribe alternative instructional procedures to compensate for E/BD	16	1.55	16	1.76	15	2.31
144	**integrate academic content with career/vocational preparation (CEC.K52)**	**14**	**1.78**	**26**	**2.44**	**23**	**3.16**
145	integrate academic instruction, affective education, and behavior management for individual students and groups for the academic areas of art, handwriting, language development, mathematics, motor development, music, science, social studies, spelling, vocational education, and reading	10	1.39	12	1.73	7	1.71
146	**evaluate social/affective behavior in the classroom (e.g., identifying possible sources of conflict, stress signals, etc.) (CEC.S80)**	**4**	**1.22**	**4**	**1.34**	**3**	**1.19**
147	construct annual goals and short-term objectives in precise and measurable terms	7	1.37	6	1.37	20	2.88
148	implement procedures for assessing both appropriate and problematic social behaviors	14	1.49	14	1.75	16	2.37
149	**develop and implement an instructional sequence to teach appropriate social behavior for a student based on assessment and observation (CEC.S81)**	**12**	**1.46**	**15**	**1.76**	**11**	**2.13**
150	**appropriately utilize, develop, and maintain individual case files and school records (CEC.K24, S26)**	**11**	**1.45**	**9**	**1.46**	**6**	**1.92**
151	**prepare appropriate lesson plans (CEC.S47)**	**6**	**1.35**	**5**	**1.34**	**6**	**1.44**
152	teach daily living skills such as family management, consumer responsibility, utilization of community resources, home management, use of leisure time, and civic responsibility	20	1.68	21	2.08	18	2.59
153	**utilize knowledge of cognitive, social, affective, and psychomotor development in planning instruction (CEC.K38)**	**18**	**1.64**	**18**	**1.87**	**9**	**1.93**
154	compare behavioral outcomes with predetermined goals and objectives in order to evaluate and revise instructional goals, strategies, and materials	15	1.51	11	1.72	10	2.10
155	develop measurement strategies consistent with instructional objectives	17	1.57	17	1.87	14	2.26

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TABLE 2, Continued

		Importance		*Proficiency*		*Frequency of Use*	
		Rank	*Mean*	*Rank*	*Mean*	*Rank*	*Mean*
156	evaluate strengths and limitations of alternate delivery systems	25	1.97	22	2.17	22	3.01
157	**plan and organize classroom instruction (CEC.S5O)**	**1**	**1.17**	**3**	**1.25**	**2**	**1.16**
	FIELD EXPERIENCE/PRACTICE						
	Ability to						
158	work with groups of children and individuals who have different educational needs	3	1.19	1	1.27	1	1.09
159	**teach academics that relate directly to a student's functional needs (CEC.S50)**	**4**	**1.20**	**5**	**1.38**	**3**	**1.13**
160	explain orally or in writing curriculum requirements at the various levels after observing and/or participating in at least one classroom at each grade level (e.g., 1-6, 6-8, 9-12)	13	2.15	13	2.24	13	3.40
161	delineate intragroup behavior changes from subject to subject and activity to activity	9	1.79	11	1.96	6	1.92
162	**exhibit skills in implementing planned integration of students with disabilities into regular education (CEC.S56)**	**7**	**1.46**	**8**	**1.67**	**8**	**2.45**
163	**differentiate between divergent cultural practices and classroom behavior and performance (CEC.S44)**	**11**	**1.81**	**12**	**2.23**	**10**	**2.48**
164	**assist the teacher in implementing and evaluating proposed curriculum/management modifications**	**8**	**1.50**	**6**	**1.56**	**7**	**2.12**
165	actively participate in teacher/parent conferences including multidisciplinary conferences, individualized educational (IEP) meetings, and placement conferences	5	1.24	2	1.27	11	2.49
166	conduct class activities in a way that encourages appropriate interaction among students	1	1.15	4	1.34	4	1.14
167	utilize student-initiated learning experiences and integrate them into ongoing instruction	6	1.45	7	1.62	5	1.58
168	provide effective individual, small, and large group instruction	2	1.16	3	1.33	2	1.12
169	identify the philosophy of a school relative to student management, administrative policies, operational procedures, dress codes, cultural/social values	1	1.80	12	1.69	10	2.47
170	evaluate the appropriateness of commercial materials used in the practicum setting, to include the following: age and ability appropriateness, attractiveness, convenience of use, cost, maintenance, feasibility for data collection, provisions for testing, evaluation of effectiveness, possible modifications, and adaptability to various instructional arrangements	11	1.92	10	1.92	12	3.01

PARENTS

Understanding of							
171	**group processes (e.g., decision making, parent support) (CEC.S25)**	**4**	**1.46**	**5**	**1.75**	**5**	**2.47**
172	issues and procedures involved in communication and cooperating with regular classroom teachers	2	1.41	2	1.61	3	2.15
173	**the influence of the total environment on the pupil (e.g., multicultural, ethnic background) (CEC.K12)**	**5**	**1.53**	**4**	**1.72**	**1**	**1.91**
174	a variety of parent education programs which are available commercially	6	2.35	6	2.76	6	3.64
175	parent needs and ability to communicate and work with parents/guardians	3	1.44	3	1.67	4	2.46
176	need to adapt communication to the levels and needs of the listener (e.g., parents, parents with disabilities, non-English speaking parents, volunteers, paraprofessionals, professionals outside the field of special education)	1	1.32	1	1.53	2	2.06
Ability to							
177	use selected commercial materials with parents and professionals (e.g., behavior management guides, effective parenting kits such as STEP)	9	2.15	9	2.50	9	3.59
178	**Interpret the educational program to community agencies, parents, teachers, administrators, and advocacy groups (CEC.S25)**	**6**	**1.81**	**5**	**1.83**	**5**	**3.20**
179	develop and present an annotated bibliography of readings which may be beneficial to parents and professionals	10	2.74	10	2.58	10	4.25
180	explain the advocacy process to parents and assist them in becoming advocates for their children	5	1.79	6	2.07	8	3.53
181	use knowledge of local and state/provincial legal systems to assist students with E/BD	8	1.91	8	2.46	7	3.49
182	communicate effectively with other members on the IEP/ISFP/ITP planning team	1	1.24	2	1.31	3	2.47
183	**demonstrate a professional attitude that reflects school policy and standards (CEC.S102)**	**2**	**1.29**	**1**	**1.26**	**1**	**1.24**
184	use specific behavioral management and counseling techniques in managing students and training parents	3	1.45	3	1.58	2	1.87
185	plan, institute systematically, and evaluate transition programs that include family, child, peers, and staff	7	1.84	7	2.26	6	3.36
186	assist parents in understanding and supporting proposed management modification	4	1.52	4	1.70	4	2.84

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TABLE 2, Continued

		Importance		*Proficiency*		*Frequency of Use*	
		Rank	*Mean*	*Rank*	*Mean*	*Rank*	*Mean*
EVALUATION, RESEARCH, AND TECHNOLOGY							
Understanding of							
187	a variety of approaches to program evaluation	3	1.91	3	2.21	3	3.41
188	**current research, trends, and legal issues in the field of special education (CEC.S46)**	**1**	**1.78**	**1**	**2.07**	**2**	**3.00**
189	current research on E/BD and appropriate ways to apply research findings in the classroom	2	1.79	2	2.15	1	3.41
Ability to							
190	describe orally or in writing the following evaluation procedures employed by the school: academic grading systems, standardized tests, and permanent records	3	1.79	1	1.67	4	3.04
191	use the computer for Computer Assisted Instruction (CAI) (e.g., drill and practice, simulations/games/models, tutorials, problem solving), Computer Managed Instruction (CMI) (e.g., grades, student management), and evaluation of commercial programs	4	1.87	4	2.48	2	2.56
192	use the computer in instructional programs to special education students	2	1.69	3	2.35	1	2.42
193	**evaluate the effects of the program upon individual pupil performance and use the evaluation to determine total program effectiveness (CEC.S34)**	**1**	**1.65**	**2**	**2.02**	**3**	**2.75**
CONSULTATION AND COLLABORATION							
Understanding of							
194	collaborative and/or consultative role of special educator in reintegration of E/BD	2	1.44	4	1.84	4	2.63
195	use of professionals (e.g., mental and physical health specialists) as consultants to the special education program	4	1.60	3	1.75	3	2.43
196	**principles and/or procedures for consulting with teachers and administrators about the special education program (CEC.K87)**	**3**	**1.54**	**2**	**1.70**	**2**	**2.28**
197	**the collaborative relationship of special education and regular education (CEC.S95)**	**1**	**1.36**	**1**	**1.60**	**1**	**2.16**
RESOURCES							
Understanding of							
198	functions of professional groups and referral agencies which provide services to children and youth with E/BD	1	1.54	1	2.08	1	2.99
199	ways of identifying and accessing resources relevant to persons with disabilities	2	1.66	2	2.23	2	3.10

Ability to							
200	explain the major responsibilities of ancillary personnel (e.g., school psychologist, school nurse, educational diagnostician, social worker, counselor, occupational therapist, adapted physical education specialist) and how their services might be utilized by special education teachers	2	1.74	M/D	M/D	1	2.82
201	participate in the staff development of other professionals (e.g., able to identify, clarify, and report needs for staff development; able to plan staff development activity; able to use effective instructional techniques for implementation)	1	1.70	1	1.76	2	3.15

Note: Items that are bold are equivalent to CEC Core of Knowledge and Skills as specified
M/D = Missing data

A final analysis was conducted to determine the weighted mean ratings across Importance, Proficiency, and Frequency of Use variables by category and then ranked by Importance (see Table 3).

DISCUSSION

The authors recognize the limitations of utilizing a mailed survey as a method of survey research. Most mail surveys bring few returns, which leaves findings open to question (Kerlinger, 1986). The authors also acknowledge that the sample of respondents was highly selective in nature and relatively few in number; however, research literature suggests that when using a sample such as the one used in this study and in order to make generalizations regarding the population surveyed, the return rate must be in the 80 to 90% range (Kerlinger, 1986). This study had a 92% return rate.

Data accrued from this study have implications for academicians and others involved in teacher preparation in the area of E/BD. Since the first study in 1957 by Mackie et al., there has been a gradual increase in not only the number of competencies needed for teachers of students with E/BD but also an increase in the number of knowledge/skills categories. Hewett (1966) identified a hierarchy of seven competencies that were based on his experiences in teacher preparation at the NPI. These competencies assigned a category heading might be depicted as: (a) objectivity - theory and knowledge or general knowledge; (b) flexibility - screening/assessment or programing; (c) structure - behavior management; (d) resourcefulness - programing; (e) social reinforcement - behavior management; (f) curriculum expertise - programing or general knowledge; and (g) intellectual model - programing. In 1971, Bullock and Whelan revisited the Mackie et al. (1957) study and found that teachers rated only 12 of the original 88 competencies from the Mackie et al. study as very important and 57 as important, leaving 19 competencies rated as being less important for use in teaching students with E/BD. In general, those 12 competencies could be incorporated under category headings such as Programing, Behavior Man-

College/University personnel concerned with teacher preparation programs may find the data presented here useful to assist in organizing their current program formats.

TABLE 3
Weighted Mean Ratings on Importance, Proficiency, and Frequency of Use by Category, Ranked by Importance

Knowledge/Skills Categories	*Weighted Mean Ratings*[a]		
	Importance	*Proficiency*	*Frequency of Use*
Behavior management	1.44	1.54	1.78
Consultation/Collaboration	1.49	1.72	2.38
Screening/Assessment	1.63	1.79	2.70
Programing	1.64	1.90	2.53
Resources	1.66	2.02	3.02
Parents	1.70	1.91	2.76
Evaluation, research, technology	1.79	2.14	2.91
General knowledge	1.85	1.85	2.73
Foundation information	1.97	2.02	2.74
Theory and knowledge	2.13	2.37	2.92
Field experience/practice	2.73	1.65	2.03

[a] Rating scale ranges from 1 (highest) to 5 (lowest)

agement, and Consultation/Collaboration, respectively.

In 1974, Bullock, Dykes, and Kelly reported 123 competencies falling within nine knowledge/skills categories: (a) Field Experience (46 competencies); (b) Programing (25 competencies); (c) Background Overview (15 competencies); (d) Assessment/Diagnosis (14 competencies); (e) Administration (7 competencies); (f) Utilization of Personnel and Resources (6 competencies); (g) Management (5 competencies); (h) Evaluation and Research (3 competencies); and (i) Theory and Knowledge (2 competencies). When comparing the Bullock, Dykes and Kelly (1974) study to the present investigation, it can be seen that two categories have been added: Consultation/Collaboration and Parents. In comparing the number of knowledge/skills statements under each category, the present study depicts a marked increase in the number of statements under several categories (e.g., foundation information, 15 to 22; theory and knowledge, 2 to 10; screening/assessment, 14 to 24; management, 5 to 31; and programing, 25 to 37).

As can be seen in Table 3, field experience/practice had the lowest weighted mean rating; however, this may be accounted for by the fact that about 80% of the respondents had been teaching for 6 or more years. Extensive teaching experience could distance them from the importance of field experience/practice for teachers in preservice preparation. Also, in Table 3, it can be seen that the behavior management category had the highest weighted mean. Throughout the past three decades, this category and categories closely related to the management of student behavior have been ranked high in importance for teachers working with students with E/BD.

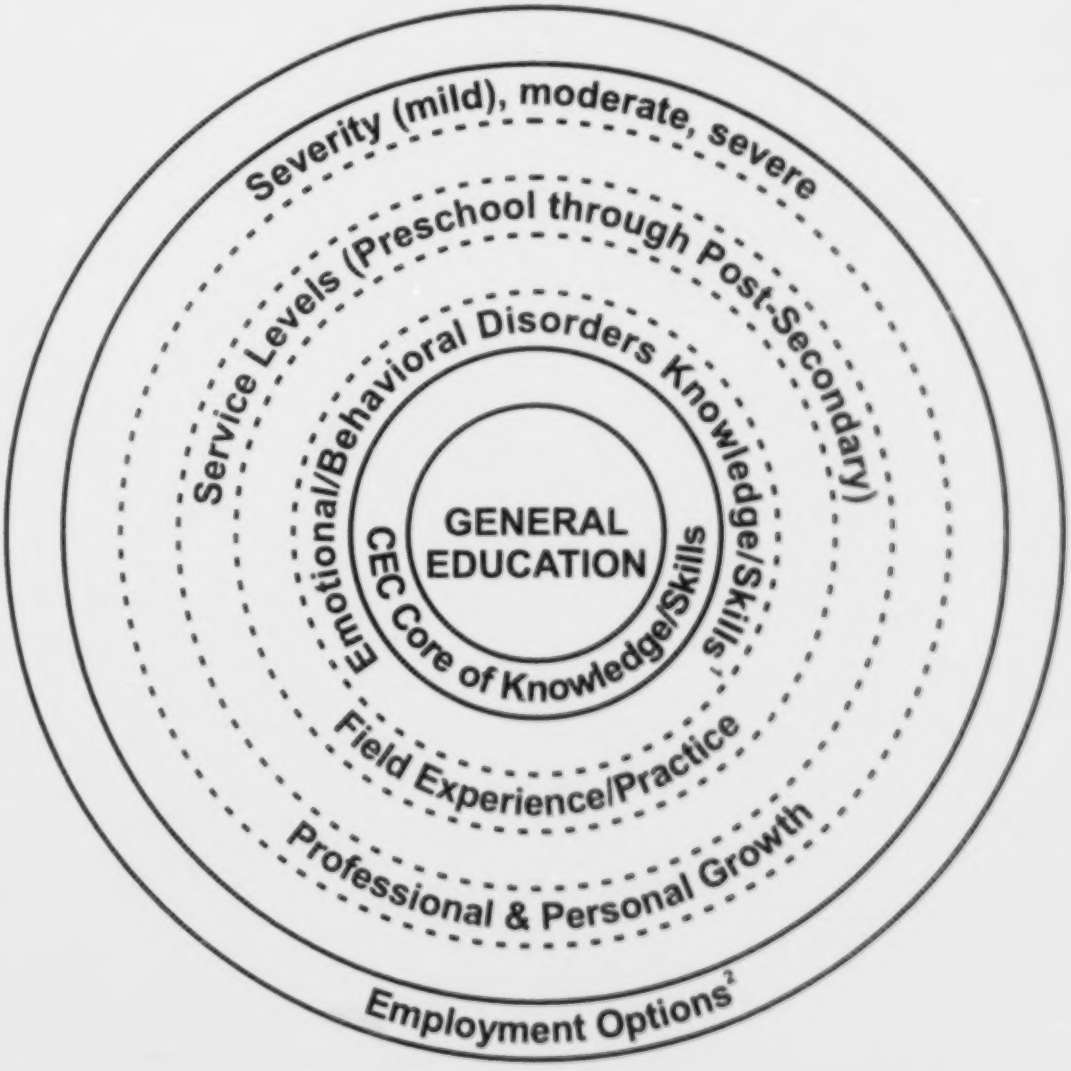
College/University personnel concerned with teacher preparation programs may find the data useful to assist in organizing their current program formats through an analysis of the knowledge/skills identified by direct service providers involved with students with E/BD. Persons charged with the responsibility for designing alternative certification programs, inservice and ongoing staff development programs for teachers of students with E/BD, and undergraduate preservice general education programs to include knowledge/skills related to working with students with E/BD in inclusive classrooms may find the listing of knowledge/skills a valuable resource.

The authors acknowledge that it is unlikely that any teacher preparation program will be able to incorporate all the knowledge/skills statements in their program sequences, nor should they feel obliged to do so. However, in designing a comprehensive teacher preparation program in the area of E/BD, it is important to give consideration to the many elements comprising the total program (see Figure 1).

For example, at the heart of efforts to prepare teachers are the general education requirements that serve as the underpinnings of professional education sequences. Likewise, the CEC core of knowledge/skills (see Swan & Sirvis, 1992) should serve as the underpinning for studies in the field of special education. With these important knowledge/skills as prerequisites, specialization in the area of E/BD begins. Also illustrated in Figure 1 is a conceptualization of training in which the knowledge/skills identified for E/BD include a defined set of categories with specific component skills to be attained. For example, within the total teacher preparation program, consideration must be given to quality and comprehensiveness of the field experience/practice available to the student, the service levels (preschool through postsecondary) the individual may be qualified to work in upon completion, the professional and personal growth opportunities afforded the individual as s/he proceeds through the teacher preparation program, and the severity levels (mild, moderate, severe) of the students a teacher may be expected to teach. Ultimately, upon completion of the E/BD program, all elements of the program will impact the teacher's employment options.

In spite of the trend toward providing services to students with disabilities in more inclusive environments, the authors believe that there will continue to be a need for teachers with specialized preparation to work with students with E/BD in more restrictive settings. We hope, however, that the roles of these teachers will increasingly incorporate a greater focus on collaborative efforts with other service delivery agencies (e.g., mental health centers, rehabilitation), general educators, and parents and families in order to facilitate the resources and options available to students with E/BD.

Persons charged with the responsibility for designing alternative certification programs, inservice and ongoing staff development programs, and undergraduate preservice general education programs may find the listing of knowledge/skills a valuable resource.



[1] Foundation Information
General Knowledge
Theory and Knowledge
Screening/Assessment
Behavior Management
Programming
Field Experience/Practice
Parents
Evaluation, Research, and Technology
Consultation and Collaboration
Resources

[2] Short-term Hospital
Residential Treatment
Resource Room
Self-Contained Special Class
Special Center
Other — Crisis Teachers,
Teacher Consultants,
Behavior Specialists

Figure 1. **Critical Elements for Designing Teacher Preparation Programs in E/BD.**

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In spite of the trend toward providing services to students with disabilities in more inclusive environments, the authors believe that there will continue to be a need for teachers with specialized preparation to work with students with E/BD in more restrictive settings.

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Supervision of Teachers of Students with Behavioral Problems in the School Setting: Special Considerations

Louellen N. Essex

ABSTRACT: This paper addresses the unique issues of supervising teachers of students with behavioral problems in the school setting. These issues transcend the general procedures for supervision that are applicable to all teachers and professional staff in the school system. These teachers of behavioral problem students occupy a position which has unusual characteristics and little has been written about specific strategies for supervising them. An underlying assumption of this paper is that schools, teachers, students, and their interactions can best be viewed from an organizational systems point of view. Using this perspective it is then imperative that supervision not be overlooked. Supervision is viewed as a primary factor in influencing the attitudes, morale, and skill development of teachers of behavioral problem students which in turn has significant effect on the emotional and academic growth of their students regardless of what interventions are employed. The author details three primary problem areas which the teacher of behavioral problem students frequently encounters and outlines supervisory strategies to manage each:

1. Role ambiguity. Role ambiguity concerning the teacher's primary responsibility of educator vs. therapist is discussed and supervisory guidelines given for establishing role definition within a clearly defined philosophy.

2. Role isolation. The problem of "one-of-a-kindness" and consequent isolation is considered, particularly relating to teachers in small and middle-sized school districts. Suggestions are given for guiding the teacher to integrate himself/herself into the organizational system.

3. Lack of role differentiation. Since programming for behavioral problem students in schools is a relatively new area,. the teacher is often thrust into the role of program developer as well as teacher, often without prior training. Administrative competencies needed for program development are listed and supervisory responsibilities for assisting the teacher to develop these skills are given.

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Strain occurs when one subsystem (such as special education staff) brings new practices into the school which another subsystem (such as regular education staff) resists.

In response to the new demands of public legislation regarding students with special needs, existing roles of school personnel have been altered and new roles have been created as special and regular education move toward a more unified system. Integrating new and altered roles into the educational and social system of the school setting requires a clear understanding of the needs of special education teachers as well as special education students. Much of the responsibility for guiding this process rests with school administrators and supervisors who are in positions to significantly effect the school climate in a way that may nurture or inhibit integration.

Utilizing an organizational systems perspective (Bobbitt, Brienholt, Doktor, & McNaul, 1974; Buckley, 1967), schools can be viewed as consisting of components—individuals, facilities, equipment, etc.—which are further organized into subsystems that may include departmental groups, special committees, office personnel, etc. A single component, of course, can function in one or more subsystem. The school organization achieves its characteristic structure as a system by the way in which the subsystems relate to one another. Increased contact, open communication, and cooperation among subsystems should enable the system to be more adaptive. Strain occurs when one subsystem (such as special education staff) brings new practices into the school which another subsystem (such as regular education staff) resists. Differentiation and integration between and within subsystems is manifested in the interaction of roles which individuals are assigned to fill. Effective integration of new and altered roles into the school organization requires that they be clarified not only to the *role-taker* but also to the *role-reciprocators* (Schmuck, Runkel, Saturen, Martell, & Derr, 1972).

This paper addresses the supervision of one group of special education teachers—those providing services to students with behavioral problems in the school setting. From a systems framework, supervision can be viewed as a primary factor in the process of linking this relatively new teacher role into the school organization. One description of supervision is particularly relevant in this case. Wiles (1955) describes supervisors as follows:

> They are expediters. They help establish communication. They help people hear each other. They serve as liaison to get persons into contact with others who have similar problems or with resource people who can help. They stimulate staff members to look at the extent to which ideas and resources are being shared .... They make it easier to carry out the agreements that emerge from evaluation sessions. They listen to individuals discuss their problems and recommend other resources that may help in the search for solutions. They bring to individual teachers, whose confidence they possess, appropriate suggestions and materials. ... They are above all concerned with helping people to accept each other, because they know that when individuals value each other, they will grow through their interaction together, and will provide a better emotional climate for pupil growth. (pp. 8-9)

Supervision, then, can also be seen as having an indirect effect on the progress which a student exhibiting behavioral problems in the school setting may experience. The supervisor is a major influence on the morale and skill development of the teacher of behavioral problem students which in turn can have significant impact on the emotional and academic growth of students regardless of what specific behavioral interventions are employed.

To carry out this point of view regarding supervision in a given school building or district requires an operational supervisory process. Typically a special education lead teacher/coordinator or the building level principal in consultation with special education administrative personnel performs this function. Just as it is important that the teacher's role be clarified, it is imperative to an efficient and effective school system that supervisory responsibilities in this regard be made explicit.

The teacher of behavioral problem students typically occupies one or more of the three positions within the school setting. The first entails operating a self-contained classroom within the regular school building; the second, serving as a resource teacher (Sindelar & Deno, 1978); the third, performing consultation functions (Miller & Sabatino, 1978) in the regular classroom. The last two of these positions for teachers of behavioral problem students are relatively new and still being integrated into the school organizational system. They require that the teacher assume responsibilities which have the potential to generate role conflict if a specific plan of supervision is not operationalized.

Role conflict is a common cause of stress within an organizational system. It brings together organizational, interpersonal, and personal factors as the individual (in this case the teacher of behavioral problem students) tries to find a set of role expectations which will be acceptable to all (Schmuck et al., 1972). The supervisor of teachers of students with behavioral problems can best address potential role conflicts through awareness of three issues which may emerge and the utilization of supervisory strategies for managing each. The issues are (a) role ambiguity, (b) role isolation, and (c) lack of role differentiation.

ROLE AMBIGUITY

When a teacher of students with behavioral problems enters the public school setting, confusion about his/her role may occur. Since the teacher works with students in a manner which may appear "therapeutic," he/she may be perceived as having a role which overlaps significantly with counseling, social work, and/or psychological staff functions. However, the primary responsibility of student academic progress remains with the behavioral problem teacher. This multiple set of expectations can generate role ambiguity and subsequent conflict.

Filley (1975) has delineated several characteristics of social relationships associated with conflict. One of these which is applicable here is *ambiguous jurisdiction:* Conflict will be greater when the limits of each party's jurisdiction are unclear. When two parties have related responsibilities for which actual boundaries are unclear, the potential for conflict between them increases. Conversely, when role definitions are clear, each party can expect a certain behavior from the other. Organizations define boundaries through such tools as job descriptions.

The teacher of students with problem behaviors in the school setting should work within the scope of a clearly defined job description which addresses the boundaries between his/her work and that of other support staff in the school organization. This job scope should be made known to all school professionals and form the basis for hiring the behavioral problem teacher. Ideally, the job description should be written with input from all appropriate building-level staff under the guidance of the supervisor for that position.

A job description typically begins with a concise statement showing

Role conflict is a common cause of stress within an organizational system.

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A statement of theoretical orientation which is expected to form the basis for student intervention and for determining how other support staff will interact with the teacher is recommended.

basic responsibilities the employee is to carry out and the education and/or training required to do so delineated. Next, the broad areas of responsibility are outlined in more detail by breaking them into subcomponents. Finally, a list of individual attributes thought necessary to perform the job successfully is given (Maas & Nichols, 1976).

In addition to these standard components of a job description, another segment is important to include for the teacher working with behavioral problem students. A statement of theoretical orientation which is expected to form the basis for student intervention and for determining how other support staff will interact with the teacher is recommended. Mackie, Kvaraceus, and Williams (1957) profiled four characteristics of the ideal teacher of socially and emotionally maladjusted children. One characteristic which emerged was: Capable of providing counseling for students consistent with the therapeutic program supplied by other treatment sources. This principle can be applied to the current role of the behavioral problem teacher in the school setting who must strive to blend his/her behavioral management planning with the work of other professionals.

Six categories of theory regarding child variance have been identified (Rhodes & Tracy, 1972): Behavioral, sociological, ecological, psychodynamic, biogenetic, and counter theory. While it may be possible to form a program for students with behavioral problems utilizing a variety of theories, some are more difficult to mesh with one another than others. And, given that consistency is an important variable in programming for behavioral problem students, it is important that the theoretical perspective(s) employed by the teacher be (a) compatible with that employed by other staff in their therapeutic work with students who will be serviced jointly, and be (b) compatible with the perspective employed by the school administration in its general school-wide discipline plan.

If a clearly defined job description of this nature is not implemented for the teacher of behavioral problem students, three problems may emerge. First, the teacher's role may be viewed as conflictual with the support staff and cooperation may be difficult to obtain. On the other hand, if support staff has had input into the development of the job description, a framework for cooperation is present before the teacher enters the system. Second, the teacher's efforts to mainstream the student may be hindered since the behavioral management plan has not meshed with the school-wide discipline plan. For example, if the behavioral problem teacher employs a psychodynamic mode of intervention for a given student which includes much relationship-building as a means of modifying behavior and de-emphasizes limit-setting while the school administration utilizes a rigid (disciplinary) method focused on negative consequences, the student's movement in and out of the mainstream may be more difficult than if the approaches were similar. Third, staff persons working with a given student may undermine each other if they are working from different perspectives which are clearly in conflict, sabotaging the behavioral management plan and the student's subsequent chance for success.

The supervisor of the teacher working with behavioral problem youth must focus on providing a job description which clearly frames that teacher's role in the school setting within a theoretical framework consistent with that employed by the administration and support staff. In addition, the supervisor should carefully monitor the coordination of the teacher's behavioral management planning

with service provided by other professionals in the school environment.

ROLE ISOLATION

Knobock and Goldstein (1971) have described the phenomena of the "lonely teacher" wherein they maintain that many regular classroom teachers feel separate from each other and are in need of appropriate feedback and support from other adults in the school. Not receiving such support can lead to feelings of negative self-worth and over-reliance on the feedback of children. This problem becomes compounded for the teacher of behavioral problem students, particularly if that teacher is in a rural or middle-sized school district where he/she may be one-of-a-kind. The uniqueness of the role and the lack of other teachers doing similar work may result in role isolation and the lonely teacher phenomenon.

This problem may not be due, however, to the school organizational dynamics alone. While every organization requires some conformity with an authority structure as well as compliance with uniform rules and policies, mental health professionals seem to value just the opposite—autonomy (Feldman, 1980). The teacher of behavioral problem students can be viewed as both a mental health professional and a teacher and consequently may experience a strong need for autonomy which is easily obtained through the role isolation of the position. If this problem exists, the teacher can have difficulty establishing the relationships necessary to effectively integrate students into the mainstream.

The supervisor can address this problem by guiding the teacher through a process of integrating him/herself into the mainstream—mainstreaming the teacher of behavioral problem students. In light of the systems approach to school organizations, the extent to which the teacher is integrated into the whole school environment can affect the degree to which the student can be effectively mainstreamed and/or programmed jointly by the teacher and other school personnel.

Several elements are necessary for this mainstreaming to occur. The supervisor can assist the teacher in evaluating the extent to which he/she is mainstreamed by asking these questions and developing with the teacher activities to affirm each:

1. What involvement does the teacher have with regular education students? Activities might include advising extra-curricular activities, coaching, conducting a homeroom or study hall.
2. What general school duties does the teacher perform? Duties might include monitoring hallways between classes, lunchroom responsibilities, performing bus duty.
3. To what degree does the teacher maintain social contact with regular classroom personnel within the school day? This might include participation in social events, utilizing this staff lounge regularly, interacting with school staff about subject matter other than behavioral problem students.

Another potential contributor to a teacher's role isolation is consultation functions with mainstream teachers. Three competency areas of the specialist role (Reynolds, 1978) have been identified for special education staff working in the regular classroom. They include (a) competencies in consultative functions, (b) ability to diagnose classroom and family situations, and (c) training skills needed to instruct other workers. While these skills may be necessary

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to the professional in the consulting role, they potentially isolate the specialist (in this case, the teacher of behavioral problem youth) even further from his/her peers if these functions are perceived as indicative of a peer attempting to supervise a peer. The consultant can be viewed as stepping into areas inappropriate for a teacher's peer to enter.

The supervisor must be careful that the teacher is not put in a double-bind situation. This can occur when the teacher is requested to perform two incompatible tasks simultaneously; for instance, (a) integrate himself/herself into the social organization of the school as a colleague to other teachers, and (b) view himself/herself as a consultant who assesses other teacher's problems and directs them to change given teaching behavior. The two expectations are incompatible if the consultation function is viewed as a mechanism for evaluating the mainstream teacher's competence, especially negatively.

The supervisor of the teacher of behavioral problem students can sensitize the teacher to the dangers of the consultant role and develop strategies which allow that teacher to be viewed as a peer alone. The following guidelines provide the supervisor with strategies to give the teacher who is working in this consultative mode:

1. Establish rapport with the teacher before beginning consultation.
2. Obtain agreement from the classroom teacher for consultation to occur.
3. View yourself as working jointly with the teacher to solve a problem and frame your interactions with the teacher in that manner.
4. The classroom teacher is in charge of his/her environment and should have the right to accept or reject your suggestions. Give the teacher several ideas to try rather than one set response.
5. Make a commitment to "stick with" the problem. Don't abandon the classroom teacher after an initial problem-solving session.
6. Avoid judgmental statements about the teacher.

LACK OF ROLE DIFFERENTIATION

An effective organizational system creates a functional division of labor which allows each subsystem and ultimately each individual to determine a set of tasks to perform which are distinct from those performed by others. At the same time, the interdependence of the various subsystems requires integration in order to achieve unified, collaborative functioning (Lorsch & Lawrence, 1970). Within a school organization, administrative functions are typically differentiated from teaching functions. However, multiple role-taking, particularly in a small subsystem, can serve to coordinate related activities given that the overlapping areas of responsibility are clarified and carefully synchronized (Schmuck et al., 1972).

The recent development of school-based programs for behavioral problem students requires that teachers hired to work in them are often expected not only to teach this special population of youth but to develop the actual educational program as well.

This is particularly true in rural school districts. While a new teacher to the field may have training to work with students, the administrative skills this expectation requires cannot be assumed to be part of the teacher's training. The viability of placing program development responsibilities within the role dimensions

of the teacher alone without supervisory support is questionable. It seems that a shared responsibility mode between the supervisor and teacher may be more appropriate given that many administrative competencies are needed to design a program for behavioral problem students. This requires that the teacher be guided in performing multiple roles.

Polsgrove and Reith (1980) have delineated a comprehensive set of competencies required by teachers of emotionally disturbed and behaviorally disordered youth. One subgroup of these competencies is administrative skills which are needed for program development. Table 1 provides a further listing of these competency areas with specific tasks outlined and supervisory responsibilities given for assisting the teacher in developing skill in each competency area. The supervisor can use this tool in assessing the teacher's strengths and weaknesses, supporting the teacher's growth in building competency in deficient areas, and coordinating the administrative and teaching functions of program development.

SUMMARY

The teacher of students exhibiting behavioral problems in the school setting occupies a role in the school organizational system having characteristics which must be addressed through carefully developed supervisory practices. The organizational systems perspective offers valuable insight to the supervisor. The teacher alone cannot be responsible for creating an environment within the system which will promote his/her opportunity to be integrated into the school setting in a way which is clearly understood by other school personnel. And the teacher's skill development in areas which are new to him/her must be addressed in a manner that provides support for ongoing growth.

The intended outcome of high-quality supervisory practice is a healthy climate within the school environment and the classroom for behavioral problem students which will influence the emotional and academic growth of the students being served. When the teacher feels amply supported, growing in skill development and professional relationships, the students are likely to feel the impact in their interactions with the teacher. Responsibility for behavioral change in students exhibiting difficulty in the school should not rest with the student alone but rather the organizational dynamics, including teacher and supervisor behavior, should be viewed as important change agents.

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The teacher alone cannot be responsible for creating an environment within the system which will promote his/her opportunity to be integrated into the school setting in a way which is clearly understood by other school personnel.

When the teacher feels amply supported, growing in skill development and professional relationships, the students are likely to feel the impact in their interactions with the teacher.

TABLE I

Supervisory Guidelines for Assessing and Developing Administrative Competencies for Teachers of Students with Behavioral Problems

*Teacher Competency**	*Supervisory Responsibilities*
1. Establishes and maintains classroom.	
a. Conceptualizes the program model.	a. Provide examples of written models from other programs.
b. Determines physical arrangement of classroom space.	b. Provide appropriate reference material, including diagrams of various room arrangements.
c. Determines material/equipment needs.	c. Provide catalogs, budget information, equipment checklist.
2. Demonstrates knowledge of rules, regulations, and policies.	
a. Understands due process, confidentiality, nondiscriminatory testing, suspension, free and appropriate education.	a. Provide federal, state, and local district information.
3. Establishes a system for referral, assessment, IEP development, and periodic review.	
a. Becomes familiar with general school district procedures.	a. Provide state, district forms/ policies.
b. Adapts general format to behavioral problem students.	b. Ensure system is coordinated with other special education systems
c. Outlines flow of each staff and parent communication and paper work.	c. Provide sample flow charts, diagrams.
d. Utilizes multi-disciplinary team concept.	d. Assist teacher in determining appropriate team members for each process.
4. Functions as a team member for planning social and educational interventions with students.	
a. Understands his/her responsibilities in team interaction.	a. Provide descriptions of team purposes, role descriptions, procedures to be employed.
b. Communicates effectively with other team members.	b. Provide written guidelines for team communication and give feedback to the teacher regarding his/her interaction in team.
	c. Initiate building-wide inservice in team building to include these topics: Characteristics of effective work groups, time management, communication, and conflict resolution.

TABLE 1, *Continued*

*Teacher Competency**	*Supervisory Responsibilities*
5. Keeps appropriate records.	
a. Develops and/or utilizes forms for: Assessment/observation results, progress charting, critical incidence reports, medication log, due process requirements, parent contact.	a. Provide all forms available in the district and models for new forms to be created.
6. Writes appropriate reports on student progress.	
a. Utilizes a clear, succinct writing style, minimizing professional jargon.	a. Provide sample formats and critique the teacher's written progress reports.
7. Knows where to secure financial and material resources for implementing instructional programs.	
a. Develops awareness of district procedures.	a. Provide district procedures for securing funds.
b. Develops awareness of state and federal fund availability.	b. Provide information related to state and federal funding sources and guidelines for proposal writing.
8. Plans and conducts inservice programs.	
a. Determines inservice needs of building-level staff.	a. Provide examples of needs assessment formats and procedures.
b. Designs and organizes presentation appropriately.	b. Provide material or training in inservice presentation techniques, co-train for initial inservice sessions to provide model.
c. Presents in a manner which is interesting and clear.	c. Provide resources for teacher to observe other trainers performing similar inservice tasks.
d. Utilizes evaluation methodology.	d. Provide sample evaluation formats and techniques for data analysis.

* Adapted from Polsgrove and Reith, 1980.

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Polsgrove, L., & Reith, H. (1983). A new look at competencies required by teachers of emotionally disturbed and behaviorally disordered youth. In F. Wood (Ed.), *Teachers for secondary school students with serious emotional disturbance*. Minneapolis: University of Minnesota.

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Intervention Research in Emotional and Behavioral Disorders: An Analysis of Studies from 1980-1993

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ABSTRACT: The purpose of the current study was to examine the status of experimental research on interventions designed to modify behaviors of children and youth with emotional and/or behavioral disorders (EBD). Twelve journals published between 1980 and 1993 were surveyed to explore possible trends in five descriptive dimensions of the research, including subject characteristics, settings, research design, dependent variables, and independent variables (interventions). In addition, the database was examined to determine whether interventions were based on individualized processes of assessment. The results showed negligible trends, and very few studies reported interventions that were individualized on the basis of assessment data. The discussion addresses the general status of intervention research and the need for applied research.

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Applied research can be used to validate, question, or refine intervention practices.

Children and youth who are described as having emotional and/or behavioral disorders (EBD) exhibit a variety of behavioral patterns that are considered to be undesirable and in need of intervention. These patterns of behavior include aggression, noncompliance, disruptive verbalizations, withdrawal, tantrums, and inappropriate or deficient social skills. In response to these difficulties, a large number of specialized education and treatment programs have been established (Grosenick, George, George, & Lewis, 1991). In addition, applied research has been conducted in an effort to analyze the effects of various interventions (Skiba & Casey, 1985; Peacock Hill Working Group, 1991).

Applied research can be used to validate, question, or refine intervention practices. The publication of research reports adds to the knowledge base in the field and, presumably, research findings have some influence on the manner in which intervention services are delivered. Furthermore, it might be assumed that prevailing and emerging practices and perspectives in behavioral intervention would be reflected in the research literature. For example, a shift in the field's emphasis toward a younger population, inclusionary educational settings, or a social skills orientation might be revealed in the studies that are conducted and disseminated in the applied research journals. At present, however, it is difficult to estimate the potential messages of the intervention research in EBD because the descriptions of this body of work are inadequate. The descriptive reports that are available in the literature are either more than 10 years old (e.g., Skiba & Casey, 1985), focus on a subset of the EBD population (Singh, Deitz, Epstein, & Singh, 1991), or are concerned with a particular aspect of intervention across categories of disabilities (e.g., Blakeslee, Sugai, & Gruba, 1994).

There are several reasons to expect that research and practice have changed over the past ten to twenty years. For example, critical examinations (e.g., Knitzer, Steinberg, & Fleisch, 1990; Koyanagi & Gaines, 1993) of intervention practices with children who have EBD have been published in recent years. These reports have indicated that the process and outcomes of intervention have been less than ideal and that further innovation and development is necessary. In addition, there have been a number of developments in special education and support services that might be expected to impact on the intervention research literature. These include movements toward greater inclusion, family involvement, and more comprehensive, systemic approaches to education and behavior change (Kutash, Duchnowski, & Sondheimer, 1994; Meyer, Peck, & Brown, 1991). Although some of these trends may be more conspicuous in relation to other populations (e.g., developmental and intellectual disabilities), they also have been considered pertinent to the field of EBD (Duchnowski & Friedman, 1990; Knitzer, 1993; Peacock Hill Working Group, 1991).

One development that has attracted substantial support in the area of behavioral intervention is functional assessment and the practice of linking intervention procedures on an individualized basis to the results of pre-intervention assessment data (Blakeslee et al., 1994; Repp & Horner, in press). Although a good deal of the relevant literature advocates for the incorporation of functional assessments in the process of intervention (Carr, Robinson, & Palumbo, 1990; Dunlap & Kern, 1993; Horner, Dunlap, Koegel, Carr, Sailor, Anderson, Albin, & O'Neill, 1990), there is little evidence that this advice has been reflected in the published intervention literature. Singh and colleagues (1991) looked at

studies through 1988 pertaining to social behavior and students described as seriously emotionally disturbed (SED). Of the 17 studies that examined attempts to reduce inappropriate behavior, only one included a functional assessment, and the implementation of that functional assessment was described as informal. Blakeslee et al. (1994), whose analysis included studies from 1986 through 1992, found a higher percentage of functional assessments; however, the six journals that these authors sampled were primarily in the field of developmental disabilities. These authors declared a need to expand functional assessment research to other populations, different behavioral challenges, and new settings. In short, there is little evidence that functional assessment procedures have been included in intervention research with individuals described as EBD, and no recent, comprehensive, and systematic inquiries have addressed this issue.

The purpose of this study was to: (a) provide a description of intervention research with students with EBD from 1980-93, (b) identify trends in the descriptive features of the research studies over this 14-year period, and (c) examine the extent to which intervention research over this time period included assessments that were functionally linked to the selection of intervention procedures.

METHOD

Definition of Database

Twelve professional journals known to contain at least some articles on intervention research concerning children and youth with emotional and behavioral disorders, and in continual operation between 1980 and 1993, were identified. The list of journals that were Included is presented in Table 1, along with the number of articles identified as involving intervention research in each journal per year. This table also shows the mean number of identified articles, as well as the total and mean number of databased articles[1] that were published in each journal per year. Each of the 12 journals were searched manually and through the *PsychLit* database. Articles were included in the database if they met each of the following criteria:

Subjects included in the articles had to be children or adolescents, (i.e., under the age of 21) who presented behavioral or emotional challenges. The latter criterion was met if at least one of the subjects was described as having emotional, behavioral, and/or conduct disorder, handicap, or disturbance, or a similar term (e.g., severe emotional disturbance). Articles were excluded if their subjects did not have descriptive or diagnostic labels, unless the subjects were enrolled in programs explicitly designed for children or youth with the pertinent labels.

The next criterion was that the articles had to contain original reports of *experimental research*, and the research design had to include manipulation of an independent (e.g., treatment) variable. Anecdotal case studies and studies employing correlational designs were excluded. In addition, the independent variable(s) had to involve educational, behavioral, or psychological interventions. Articles in which the independent variable was psychopharmacological were not included. At least one of the dependent variables had to involve observable behavior or social interaction. Articles in which academic performance was the only class of dependent variable also were excluded.

One development that has attracted substantial support in the area of behavioral intervention is functional assessment and the practice of linking intervention procedures on an individualized basis to the results of pre-intervention assessment data.

[1] Articles were counted as being databased if they presented original data of any kind from any population of participants.

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TABLE 1

Journals Represented in Data Set by Year

Journal	*Year* 1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	*Total*	*Mean*	*Total Data-based*	*Mean Total Data-based*
Behavioral Disorders	3	4	0	4	2	1	3	1	4	2	2	3	4	5	38	2.71	86	6.1
Behavioral Modification	2	2	3	0	0	0	2	0	0	2	0	0	0	0	11	0.79	263	18.8
Behavior Therapy	1	1	0	0	1	2	1	1	2	0	1	1	0	0	11	0.79	529	37.8
Behavior Research and Therapy	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0.07	554	39.6
Child Behavior Therapy/Child and Family Behavior Therapy	1	1	1	0	0	0	0	1	3	2	4	1	0	0	14	1.00	158	11.3
Education and Treatment of Children	1	0	1	1	0	0	0	0	0	1	2	1	0	0	7	0.50	162	11.6
Exceptional Children	0	0	0	0	0	0	1	0	1	0	0	0	0	0	2	0.14	140	10.0
Journal of Abnormal Child Psychology	0	0	0	0	0	0	0	1	0	0	1	0	0	0	2	0.14	155	11.1
Journal of Applied Behavior Analysis	2	1	0	2	2	1	0	0	0	0	1	2	2	1	14	1.00	563	40.2
Journal of Clinical Child Psychology	0	1	0	0	0	1	1	0	0	0	0	1	0	0	4	0.29	64	4.6
Journal of Behavior Therapy & Experimental Psychiatry	0	0	0	0	1	1	0	0	0	1	2	0	0	0	5	0.36	362	25.9
Journal of Consulting and Clinical Psychology	0	0	0	0	1	0	1	1	0	0	0	0	1	0	4	0.29	241	17.2
Total Number of Articles for the Year	(10)	(10)	(5)	(8)	(7)	(6)	(9)	(5)	(10)	(8)	(13)	(9)	(7)	(6)	(113)	(8.07)	(3,277)	(19.5)

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Procedures

Each article identified from the search was examined and scored along a number of dimensions. The data extracted from each article included bibliographical information; subject characteristics including number, age, grade level, and diagnostic or descriptive label; the setting in which the research took place; dependent variables; independent variables (i.e., intervention type and purpose); and whether a functional link between assessment and intervention existed.

Operational definitions for each category and a standardized coding form[2] were developed to record information extracted from the articles. Two individuals experienced with analyzing experimental research reports coded the information. The definitions and data recording procedures are described next.

Subject age was scored in the following ranges: 0-5 years, 6-11 years, and 12+ years. When subjects were present in more than one category, the range with the greatest number of participants was counted. Information regarding the method of age reporting also was collected. The possible categories were list (i.e., a list with the age of each participant), range, mean, and not specified.

Subject grade was scored in the following categories: preschool-K, grades 1-5, grades 6-8, grades 9-12, and not specified.

Descriptive labels of the research participants were noted by recording first the descriptive label as given by a school system, treatment program, or author(s), and second, by noting the reporting of a specific psychiatric diagnosis, according to APA (e.g., DSM III-R) guidelines. A wide variety of descriptors were found in the database. For the purposes of this analysis, eight categories of descriptors were recorded: (a) emotionally handicapped/severely emotionally disturbed (EH/SED) which included descriptors focusing on emotionality; (b) behavior disordered (BD) which included descriptors focusing on behavioral challenges; (c) conduct disorders which included descriptors using the term "conduct"; (d) emotional and behavioral disordered (EBD) which included descriptors using a combination of emotional and behavioral problems; (e) socially maladjusted; (f) mentally handicapped and behavior disordered (MH&BD) which included participants reported to have an intellectual disability along with any emotional, conduct, and/or behavioral label; (g) learning disabled and behavior disordered (LD&BD) which included participants reported to have learning disabilities along with an emotional, conduct, and/or behavioral label; and (h) other, which included studies with multiple subjects with different labels or subjects described as being served in multicategorical programs without further specificity.

Settings were scored in 7 categories: (a) community school, which included regular education programs; (b) special education; (c) day treatment/clinic; (d) residential; (e) home; (f) university school; and (g) not specified. Settings referred to the location in which measurement of the dependent variable(s) were conducted. Multiple categories were endorsed when dependent variables were monitored in more than one setting.

Research design was categorized as either single subject or group design.

Dependent measures were summarized in eight exclusive categories: (a)

[2] Operational definitions and the coding form used in this study are available from the authors.

There is little evidence that functional assessment procedures have been included in intervention research with individuals described as EBD, and no recent, comprehensive, and systematic inquiries have addressed this issue.

school department involved appropriate and inappropriate behaviors in the school setting (e.g., task engagement, disruptive behaviors); (b) social interaction involved interactions with others (e.g., threatening acts, sharing, conversation) and ratings on social skill inventories; (c) academic performance (e.g., accuracy, rate, neatness); (d) psychological measures included interviews, psychological inventories, intelligence tests, and student attitude surveys; (e) parent/teacher behavior included dependent measures that focused on people involved in the investigation other than the child (e.g., consequences administered, parent-child interactions, parent psychological inventories); (f) behavior checklists and rating scales (e.g., Child Behavior Checklist, Self-Control Ratings Scale); (g) self-esteem measures (e.g., Piers-Harris, Harter); and (h) other, which included any dependent measure that did not fit into the previous categories (e.g., student behaviors measured in community settings, physiological indices).

Intervention type described the independent variables in 6 categories: (a) skills training included interventions involving social or behavioral control, parent training, and/or academic skill enhancement; (b) self-management included studies in which the student(s) actively attended to their own behavior to increase desirable or decrease undesirable behaviors (e.g., self-monitoring, self-recording, self-evaluation); (c) antecedent-based interventions were intended to prevent an undesirable behavior from occurring or increase the likelihood of a desirable behavior through manipulation of variables prior to the exhibition of the target behavior; (d) consequence-based interventions involved a positive or negative consequence after the exhibition of a target behavior; (e) peer-mediated interventions included those in which a peer operated as an integral part of the intervention (e.g., peer modeling, peer reporting, peer confrontation, peer tutoring).

Intervention purpose was scored according to whether the intention of the intervention was to increase desirable behavior, decrease challenging behaviors, or both.

Functional assessment, the final dimension investigated was whether the articles included an assessment directly related to the selection of the intervention. Studies were considered to contain this functional linkage if the article explicitly referred to a link between assessment and intervention.

Some articles did not clearly state where the intervention took place, and often the setting had to be inferred.

Reliability

Reliability of the data coding was evaluated by having two coders record data independently from 37 (33%) randomly selected articles from the database. Agreement was counted on each category when the coders entered identical information on the coding sheet. Percentage agreement was calculated for each category of data. Agreement was 95% for number of subjects, 92% for subject age, 86% for subject grade, 84% for subject label, 92% for diagnosis, 78% for setting, 97% for design, 81% for dependent variables, 97% for independent variables, 84% for intervention types, 84% for intervention purpose, and 100% for evidence of a functional link between assessment and intervention.

The relatively low agreement for the setting variable appeared to be a result of indistinct descriptions in the text of some of the articles. For example, some articles did not clearly state where the intervention took place, and often the setting had to be inferred. In particular, several of the articles which conducted parent training as a component of the intervention failed to specify whether the training took place in the home, clinic, or other setting.

Data Analysis

Each category that was coded was summarized by noting the total number of articles and the percentage of the complete database that applied. The percentages were plotted by year in order to facilitate visual inference of trends. A simplified method of trend analysis was accomplished by recording percentages during the early portions of the 14-year period (1980-1986) and comparing them to the percentages during the more recent period (1987-1993).

RESULTS

The Database

As shown in Table 1, examination of the 12 journals from the years 1980-1993 yielded 113 articles; these articles were distributed somewhat evenly across the 14-year time span. Fifty-five (55) articles were identified between 1980 and 1986, and 58 articles were identified between 1987 and 1993. This table also shows that *Behavioral Disorders*, a journal dedicated to this population, published a greater number of intervention research articles than the other journals that were sampled. The columns on the far right of Table 1, showing the numbers for all data-based articles, illustrate that this kind of intervention research has represented a very small proportion of published research studies in virtually every journal surveyed.

Description of the Literature

Table 2 shows the percentage of articles that included particular subject and setting characteristics, the two categories of experimental designs, and the general kinds of dependent variables. Data are shown for the first half of the time period (1980-1986), the last half (1987-1993) and, in the final column, the full database.

Subjects. The age range that was most highly represented over the full time period was the 6 to 11-year age group. This was also the case during the first 7-year period (1980-86), however, across the second 7-year period (1987-93), a greater percentage of studies involved subjects in the 12+ year age group. Data regarding the method of reporting age also was obtained. The majority of the studies (75%) either listed all ages of the subjects or provided a mean age. Sixteen (16%) percent of the studies reported data on a single participant. During the first 7-year period, studies with only one participant represented a quarter of the data set, decreasing to 7% during the latter period.

The majority of articles did not specify grade level. Of those articles reporting grade, elementary grades 1-5 were represented most frequently. There were no apparent trends in subject age or grade across the years.

The data on the labels used to describe the subjects shows that "BD" was the most prevalent, followed by "EH/SED." Although these data seem to suggest modest, accelerating trends in the occurrence of the "BD" and "CD" labels, inspection of the year-by-year data do not indicate that trends were continuing into the 1990s. In addition to the data shown in Table 2, the analysis showed that only 37% of the studies provided a psychiatric diagnosis (e.g., DSM III-R). A slight trend toward increased reporting of diagnosis is evident beginning in 1984 and peaking in 1991 (78%), but this percentage declined again in 1992 (43%) and 1993 (17%).

Setting. Table 2 also shows that special education settings have been the most popular settings. Experimental investigations in these settings is

The data on the labels used to describe the subjects shows that "BD" was the most prevalent, followed by "EH/SED."

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TABLE 2

Percentage of Articles by Category

Category		Percentage of Articles		
		1980-1986 (n = 55)	*1987-1993 (n = 58)*	*Total (N = 114)*
Subjects				
Age				
	0-5 years	11	5	9
	6-11 years	58	42	50
	12+ years	31	53	41
Grade				
	Pre-school-K	7	3	5
	1st - 5th	16	12	14
	6th - 8th	5	12	9
	9th - 12th	2	5	4
	Not Specified	69	67	68
Label				
	EH/SED	25	28	27
	BD	51	36	43
	CD	2	17	10
	EBD	2	5	4
	SM	4	0	2
	MH & BD	11	3	7
	LD & BD	11	7	9
	Other	4	3	4
Setting				
	Special Education	27	41	41
	Regular Education	2	5	9
	Day Treatment/Clinic	15	12	19
	Residential	29	22	27
	Home	2	2	6
	University School	15	3	9
	Multiple Settings	9	14	12
	Not Specified	2	0	1
Research Design				
	Within Subject	85	69	77
	Group	15	31	23
Dependent Measures				
	Classroom Deportment	62	52	57
	Social Interactions	31	53	42
	Academic Performance	18	21	20
	Behavior Rating Scales	13	22	18
	Self-Esteem Inventories	2	7	4
	Psychological Indices	4	9	6
	Teacher/Parent Behaviors	15	14	15
	Home Deportment	5	9	7
	Other	16	21	18

Note. *EH/SED = Emotionally Handicapped/Severely Emotionally Disturbed; BD = Behavior Disordered; CD = Conduct Disordered; EBD = Emotionally and Behaviorally Disordered; SM = Socially Maladjusted; MH = Mentally Handicapped; LD = Learning Disabled.*

increasing. All of the studies identified for 1993 were conducted in special education environments. A reduction in the studies conducted in university lab schools was observed. The number of studies conducted in regular education school settings remained very low throughout the 14-year period. The high prevalence of intervention research in special educational settings had a parallel in residential settings. Overall, approximately one-fourth of the studies were conducted in special residential environments. Only 2% of the studies were conducted in the children's family homes.

Design. Within-subject (single-subject) designs were the most frequently used experimental designs, with more than three-quarters of the articles using these methods. Multiple baseline and reversal designs represented the bulk of these, with case studies and alternating treatment designs accounting for the remainder. Pretest-posttest comparisons were the most commonly used group design, and treatment-control group designs were next.

Across the years, a modest increase in the percentage of studies employing group designs can be observed, beginning in 1986. This increase paralleled an increase in the use of the pretest-posttest group design; the other group designs remained fairly constant across the years.

Dependent Measures. Of the categories of dependent measures recorded from the database, the most prevalent were various forms of classroom deportment and social interaction. Although no notable trends are evident over the time span, the percentage of studies which measured social interaction variables generally was elevated over the latter half of the time frame.

Analyses of Intervention Strategies

Purpose. The purpose of an intervention was coded as to whether it was to increase or decrease a target behavior, or both. Fifty-three percent (53%) of the articles reported that the intervention(s) were designed to increase desired behaviors and decrease undesirable behaviors. The remaining two categories were found to be about equally represented, with 23% of the studies designed to increase desirable behaviors and 24% of the studies designed to decrease challenging behavior. Negligible variation in the reported intervention purposes was observed over the 14-year period with none of the 3 categories varying by more than 5% over the 7-year period split.

Independent variables. The categories for independent variables and their representation in the articles reviewed across 7-year periods are presented in Figure 1. This figure illustrates a lack of substantial trends for any of the categories of interventions, although modest increases in skills training and self-management can be discerned.

Relationship of Assessment to Intervention

Over the 14-year period, 9 studies were identified as having a clear link between assessment and intervention. Table 3 provides a brief characterization of these articles along with a description of the individualized assessments which guided the interventions. The overall representation of assessment-based interventions appears to be meager. Year-by-year analysis revealed no trends in the use of interventions based on individualized assessment.

Year-by-year analysis revealed no trends in the use of interventions based on individualized assessment.

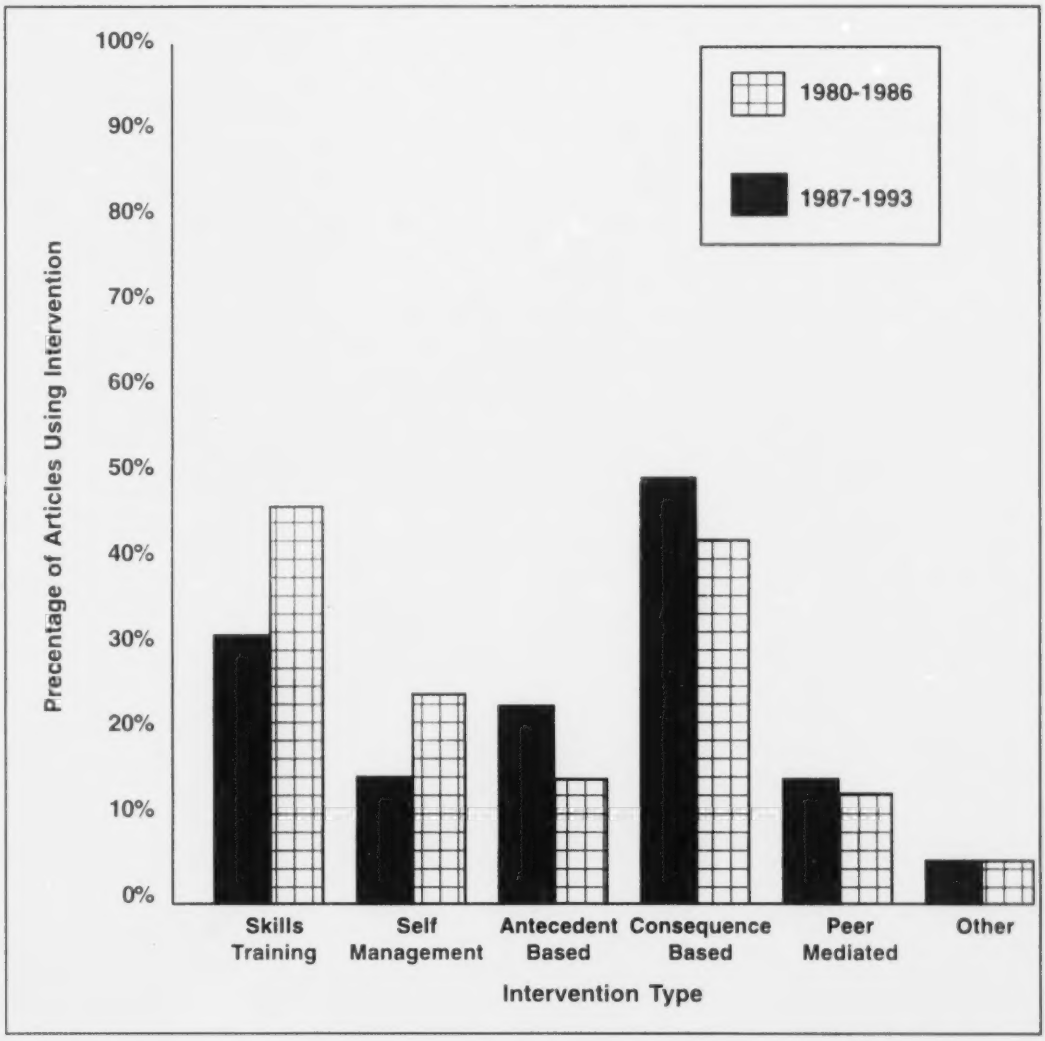

Figure 1. **Percentage of research articles and types of interventions used during 1980-1986 (solid bars) and 1987-1993 (shaded bars).**

Discussion

This investigation examined the status and trends of intervention research with children and youth with EBD and the extent to which individualized assessments were used as the basis for interventions. The analysis of the descriptive features of over 100 students indicated a considerable variation in most dimensions. Study participants tended to be children in the preteen years; however, adolescents also were well represented. The labels used to describe the participants continue to be diverse (Skiba & Casey, 1985), with the specific variations far exceeding the summary categories listed in Table 2. Most intervention research has been conducted in one setting, and the setting primarily has been special education classrooms or residential programs. As expected, the most popular dependent measures have been appropriate and inappropriate behavior in school

and social interactions. The most prevalent types of interventions have been those that emphasize the training of new skills and those that feature the manipulation of consequences. These data offer a general characterization of intervention research, and the portrayal is consistent with earlier analyses of previous and/or related data sets (e.g., Singh et al., 1991; Skiba & Casey, 1985).

A salient finding from this investigation is that intervention research over this period of time seems to be relatively free of trends in the descriptive features that were recorded. The split-half method of trend analysis (see Table 2) shows few differences of substantial magnitude between the first and second 7-year periods. More detailed analyses, accomplished via year-by-year line graphs, show a similar absence of trends. As a specific example, the split-half increase in the measurement of social interactions (Table 2) is shown in more detail as an elevated but stable pattern from 1987 through 1992 with a slight reduction in 1993. Although the percentage of studies using social interactions as a dependent measure were higher in the more recent years of the period, there is no indication that this proportion is on the upswing. Detailed trend analyses of the other descriptive features showed a similar lack of illumination.

Although interpretation of the present data is precarious, it is tempting to view the absence of notable change as evidence that intervention research in EBD has been a rather conservative enterprise. Even though enabling legislation (e.g., PL 94-142) is still fairly recent, and despite the presence of well-publicized critiques (e.g., Knitzer et al., 1990), the basic configuration of intervention studies does not seem to have changed in obvious ways. Consider the data on settings (Table 2). These figures show that the majority of published intervention studies with this population have been conducted in specialized educational or residential settings. Although there have been prominent calls and federal initiatives in support of inclusive educational alternatives, this movement is not reflected in the research reviewed. There are many conceivable explanations for this phenomenon. For example, it is possible that (a) inclusion is not viewed by researchers as viable or efficacious; (b) inclusion is not supported widely by service providers and systems and, thus, opportunities for this type of research are limited; and/or (c) research is easier to conduct and to control in segregated environments. Although such interpretations are speculative and premature, future research which directly assessed factors influencing researchers' choice of settings, participants, and elements of experimental studies would be informative.

An important issue pertains to the use of individualized assessment data to determine interventions for research participants. Given the growing assertions that optimally effective interventions are dependent upon preliminary assessments (Carr et al., 1990; Iwata, Vollmer, & Zarcone, 1990; O'Neill, Horner, Albin, Storey, & Sprague, 1990), it might be assumed that the prevalence of such assessments would be increasing. In examining this question, the current analysis adopted a generous definition of assessment-based interventions, requiring only that a pre-intervention process of environmental assessment was described, that it was individualized, and that it led to the selection of an intervention and/or the delineation of specific intervention parameters (Kern & Dunlap, in press). Even with these liberal standards, only 9 studies (8% of the total) met the criteria (Table 3), with no indication that the incidence of assessment-based interventions was becoming more frequent over the 14 years.

An important issue pertains to the use of individualized assessment data to determine interventions for research participants.

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TABLE 3

Articles Using Assessment in the Development of Interventions

Authors (Journal)	*Year*	*Subjects (# of Ss, Age, Label)*	*Setting*	*Dependent Variables*	*Independent Variables - Basis for Use*
Bornstein, M., Bellack, A.S., & Hersen, M. (*Behavior Modification*)	1980	4, 8-12 year olds behaviorally disordered	Residential	Behavioral Assertiveness Test for Children (BAT-C)	Social skills training - based upon performance in initial BAT-C screening.
Center, D.B., Deitz, S.M., & Kaufman, M.E. (*Behavior Modification*)	1982	15, 8-12 year olds behaviorally disordered	Self-contained class for behaviorally disordered students	Inappropriate classroom behavior Task accuracy	Match between student ability and task reinforcement contingency.
Dunlap, G., Kern-Dunlap, L., Clarke, S., & Robbins, F. (*Journal of Applied Behavior Analysis*)	1991	1, 12 year old severely emotionally disturbed; mild mental retardation, ADD, schizophrenia	Self-contained class for behaviorally disordered students	On-task responding Appropriate social behavior Disruptive behavior Inappropriate vocalizations	Curriculum-based intervention based upon an intensive functional assessment process.
Dunlap, G., Kern, L., dePerczel, M., Clarke, S., Wilson, D., Childs, K.E., White, R., & Falk, G. (*Behavioral Disorders*)	1993	5, 6-11 year olds severely emotionally disturbed	Self-contained class for behaviorally disordered students	Disruptive behavior Peer and adult interaction On-task behavior Compliance	Curricular and environmental changes based upon functional assessment. Increased specific praise, self-evaluation choice of tasks, teacher proximity, physical positioning in classroom, engagement in preferred activities.
Knapczkk, D.R. (*Behavioral Disorders*)	1988	2, 13-15 year olds not diagnosed or labeled	Non-categorical self-contained special education class	Aggressive behavior Peer interaction	Videotaped exemplars of social situations to model, rehearse, and provide directed feedback of appropriate alternatives to aggression. Exemplars based on observation of student engage in a social situation to identify problem areas and typical responses.

TABLE 3, *Continued*

Authors (Journal)	*Year*	*Subjects (# of Ss, Age, Label)*	*Setting*	*Dependent Variables*	*Independent Variables - Basis for Use*
Knapczkk, D.R. *(Behavioral Disorders)*	1992	4, 15-16 year olds not diagnosed or labeled	Non-categorical self-contained special education class	Aggressive behavior Peer interaction	Videotaped samples of social situations to provide opportunities for modeling and behavioral rehearsal of alternative responses.
Platt, J.S., Harris, J.Q., & Clements, J.E. *(Behavioral Disorders)*	1980	12, 12-17 year olds emotionally handicapped and/or learning disabled	Day treatment	On-task Academic accuracy	Individualized reinforcement schedule
Schloss, P.J., Kane, M.S., & Miller, S.R. *(Behavioral Disorders)*	1981	3, 13-14 year olds behaviorally disordered	Special and regular education classrooms	School attendance	Attendance motivation program based on student characteristics and conditions at school and home.
Spirito, A., Finch, A.J., Smith, T.L., & Cooley, W.H. *(Journal of Clinical Child Psychology)*	1981	1, 10 year old emotionally disturbed	Residential	Behavior ratings scale based on typical progression of aggressive behavior during angry outbursts	Stress inoculation program based upon the progression of aggressive behaviors exhibited; included rehearsal, application, training, self-reinforcement, overt to covert instruction.

The modest representation of assessment-based interventions in the research literature may be viewed as discouraging because of the growing acknowledgement that such practices lead to improved effectiveness, greater generalization and maintenance, and a heightened reliance on positive, individualized intervention strategies (e.g., Blakeslee et al., 1994; Carr et al., 1990; Repp & Horner, in press). However, it is important to stress that functional assessment technologies are still relatively new and that the current study only included research published through 1993. Furthermore, there are some recent indications that the use of functional assessments in EBD is growing in popularity (Clarke et al., 1995; Kern, Childs, Dunlap, Clarke, & Falk, 1994; Kern & Dunlap, in press; Gunter, Jack, Shores, Carrell, & Flowers, 1993; Umbreit, 1995).

The data presented in this report need to be qualified in several respects. First, some of the pertinent

There are some recent indications that the use of functional assessments in EBD is growing in popularity.

studies published between 1980 and 1993 are not represented in the data set because we purposefully limited the journals to those that were in continuous operation throughout that time period so that trend analyses could be conducted. Thus, some sources (e.g., *Journal of Emotional and Behavioral Disorders, Journal of Behavioral Education) of* experimental analyses of relevant interventions, including studies with functional assessments (e.g., Gunter et al., 1993) were not included. The extent to which these additions would modify the conclusions is unknown. The data also should be considered in light of the strictly descriptive methods that comprised the methodology. From this perspective, the data can be viewed as an examination limited to surface characteristics. It is possible that a fine grained analysis of key dimensions would reveal changes undetected by the current methodology. Such analyses are encouraged because additional insights into the current status of intervention research should be useful as researchers and funding agencies seek to improve the contributions of this body of work. Finally, it is important to re-emphasize that the extent to which dimensions of the research literature reflect intervention practices is uncertain (Malouf & Schiller, 1995). While it may be assumed that a relationship exists, the particulars of that relationship cannot be answered empirically without additional research and, therefore, any implications that the current data have parallels in practice would be inappropriate.

Regardless of the association between research dimensions and the parameters of intervention practice, the present results should be useful in a process of self-evaluation by researchers and journal editors. As producers of research and custodians of the public database, investigators and editors bear responsibility for not only the fidelity, but also the explicit and implicit messages and endorsements that might be conveyed by their publications. For those concerned with progressive contributions and advancements of knowledge pertaining to interventions with children and youth with EBD the current data should serve as a useful heuristic.

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Regardless of the association between research dimensions and the parameters of intervention practice, the present results should be useful in a process of self-evaluation by researchers and journal editors.

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Full Inclusion and the Education of Children and Youth with Emotional and Behavioral Disorders

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ABSTRACT: The recent professional literature has been replete with articles focusing on the school reform movement labeled full inclusion whereby advocates are pushing for the placement of all students with disabilities in general education settings. While the movement's roots can be traced to advocates of persons with severe handicaps, educators, administrators, and parents are generalizing the movement's goals to students with other disabilities including emotional and behavioral disorders. Related issues surrounding the full inclusion movement must be examined prior to wide adaptation for all students with disabilities. The purpose of this article is to explore three relevant issues in determining appropriate placements for students with emotional and behavioral disorders. First, this article examines some of the current objectives of the full inclusion movement in relation to the education of students with emotional and behavioral disorders. Second, issues surrounding the placement of students with disabilities are often resolved not in professional literature but in courtrooms; therefore, current court cases focusing on inclusion that impact how special education services are delivered are also summarized. Finally, provided a general education setting is the most appropriate placement, promising practices for educating students with emotional and behavioral disorders to maximize their success are discussed.

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Within the context of education, the term *full inclusion* bears multiple meanings and inferences. At issue is where and how to educate students with special needs. At present, there does not appear to be a single all-encompassing definition upon which everyone can agree (Lewis & Bello, 1994). As Fuchs and Fuchs (1994) state, "'inclusion' means different things to people who wish different things from it. For the group that wants least . . . maintain the status quo. To those who want more, it means . . . a fundamental reorganization of the teaching and learning process" (p. 299).

Within the context of education, the term *full inclusion* bears multiple meanings and inferences.

Despite the lack of a clear, mutually agreed upon definition with a set of operationalized objectives, recent professional literature has been replete with articles focusing on inclusion as a school reform movement (e.g., Fuchs & Fuchs, 1994; Kauffman, 1993b; Kauffman & Hallahan, 1993; McDonnell & Hardman, 1989; Sailor et al., 1989; Schrag, 1993). At the extreme, advocates are calling for the elimination of the current special education service delivery model and its replacement with a model that provides services for all students within general education settings (Stainback & Stainback, 1992). The full inclusion concept is directly impacting service delivery (e.g., Michigan State Department of Education, 1992) and the position of professional organizations (e.g., Council of Chief State School Officers, 1992; National Association of School Boards of Education, 1992) without the benefit of systematic and complete data-based evaluations of inclusion practices. This policy of adapting practice without empirical support is disconcerting to both general and special educators. Adaptation of full inclusion practice without empirical support is especially troublesome to parents and professionals who provide services to students with emotional and behavioral disorders (EBD); (Braaten, Kauffman, Braaten, Polsgrove, & Nelson, 1988; Council for Children with Behavioral Disorders, 1989; Webber, 1993). The National Education Association (NEA) has encouraged the field to provide sufficient empirical support prior to adopting full inclusion practices. In their executive summary of a national forum on inclusion, the NEA (1992) recommended that in order "to create and maintain high quality outcomes, the school integration effort must be fully financed, piloted, and evaluated on a controlled basis before systemwide, statewide, or national implementation" (p. 7).

An important consideration in evaluation of any school reform movement is examination of the movements' objectives and mechanisms proposed to meet these objectives. As Fuchs and Fuchs (1990, 1994) have pointed out, the primary objective of the regular education initiative (REI) was to educate larger numbers of students having "high incidence" disabilities (e.g., learning disabilities, behavioral disorders, mild developmental disabilities) in general education settings and thereby increase *academic achievement*. However, the mechanisms to achieve this objective (e.g., "Adaptive Learning Environments Model," Wang & Birch, 1984) have failed to demonstrate clear empirical evidence of greater achievement for all students (Fuchs & Fuchs, 1994).

In contrast to the REI, the overriding objective of full inclusion is to increase the *social competence* of students with disabilities and foster positive peer and teacher relationships (Gartner & Lipskey, 1987; Snell, 1990; Stainback & Stainback, 1990). As Snell (1990) states:

> The three most important and reciprocal benefits from integration ... are (a) the development of social skills in students with severe disabilities across all school age groups, (b) the improvements in the attitudes that nondisabled peers have for their peers with disabilities, and (c) the development of positive relationships and friendships between peers as a result of integration. (pp. 137-138)

The mechanism to accomplish this objective is the elimination of the current special education system and its continuum of services and a call for *all* students to be educated in general education settings (Lipskey & Gartner, 1989, 1991; Pearpoint & Forest, 1992; Stainback & Stainback, 1984, 1990, 1992).

A second important variable to consider when evaluating school reform models is to determine if the processes and procedures found within the model will generalize to similar yet different populations. The majority of students included in studies to demonstrate the effectiveness of educating students with disabilities in the general education setting (i.e., the REI movement) are students with learning disabilities (e.g., Wang & Birch, 1984). The theme throughout the pro-REI literature is on improvement of academic achievement. Not until the recent emergence of the full inclusion model do we see an emphasis shift to social behavior. However, inclusion to promote social competence originates with advocates for students with moderate to severe developmental disabilities. Social competence in a full inclusion context is viewed as increasing the opportunities and rates at which students with disabilities interact with peers and adults without disabilities. It is assumed that through exposure peers and adults will change *their* behavior (i.e., increase social initiations and responses) and indirectly provide benefit to disabled students (Stainback & Stainback, 1990).

Given the limited empirical data base on outcomes of the REI and full inclusion and their current population focus (i.e., learning disabled and severely developmentally delayed, respectively), the generalizability of either of these models to students with EBD and other categories of disability is problematic at best (Braaten et al., 1988; Davis, 1989; Kauffman, 1993a; Fuchs & Fuchs, 1994). Walker and Bullis (1990) summarized the REI movement in a way that also characterizes the shortcomings of the current full inclusion movement: "The REI has been inappropriately extended by its advocates from an initial focus on the perceived overreferral of students with learning disabilities and now includes the full range of students with handicaps spanning all levels of severity, including behavior disorders" (p. 76).

The overgeneralization and adaptation of the full inclusion reform movement without adequate evaluation of student characteristics and setting specific variables is likely to impact negatively the movement of students with EBD into the mainstream. Examples at the classroom level have begun to emerge in professional and popular literature that point out negative outcomes following inclusion of students with EBD in the general education setting (e.g., Idstein, 1993; Shanker, 1994). In addition, at least one advocate of the full inclusion movement readily admits inclusive schools do not include students with EBD or any other identified child who presents challenging behaviors (Roach, 1993).

The systematic study of variables associated with inclusion of students with EBD in the mainstream is needed. In addition, advocates of students with EBD have a responsibility to be *actively* involved in any reform attempt which views placement as an outcome variable. As Fuchs and Fuchs (1994) stated in their analysis of the current full inclusion reform movement, "permit the parents and professional advocates of children with severe behavior problems, hearing impairments, learning disabilities, and so forth to speak on behalf of the children *they* know best" (p. 305, emphasis in original text).

The purpose of this article is to explore some of the issues related to the full inclusion reform movement and students with EBD and other disabling conditions who display socially inappropriate behavior in the school setting. Recently, the federal courts have begun hearing cases on full inclusion placements. As more and more inclusion cases are heard, educators will need to be aware of

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and in compliance with circuit court rulings. Therefore, the first section of this article focuses on current IDEA regulations and court cases that provide the framework for making appropriate placement decisions. As stated previously, professional organizations and educational agencies are calling for inclusion of all students with disabilities. However, students with EBD present salient challenges to the current inclusion movements' objectives, in particular, the ability of the general education environment to teach and shape prosocial behavior adequately. Therefore, in an attempt to set the standard for what at minimum is needed to meet the inclusion movements' objectives of increased positive social interactions among students with EBD and their peers and improved attitudes directed toward students with EBD, the second section of the article focuses on potential barriers to meeting these full inclusion objectives. Finally, building on the recommendations from Kauffman (1993b) and other leaders in the field of EBD and special education (i.e., The Peacock Hill Working Group, 1991), suggestions for achieving meaningful reforms regarding the education of students with EBD are discussed. Suggestions focus on the improvement of the existing service delivery model and strategies to ensure success for students with EBD who are educated within general education settings.

FEDERAL REGULATIONS AND LEGAL ISSUES

Central to the idea of inclusion is where to deliver instruction to students with EBD. Building or district-wide decisions to include *all* students with disabilities regardless of individual needs violates federal law. Once a child is identified, districts are obligated to follow regulations put forth under the Individuals with Disabilities Education Act (IDEA, 1990) and insure protection of the child's civil rights as mandated under section 504 of the "Rehabilitation Act of 1973." Specifically, the IDEA clearly stipulates that placement decisions are based on each student's needs and not available space or prevailing trends (Bateman & Chard, in press). Several other points delineated in the IDEA are also particularly salient to the practice of inclusion of students with disabilities in general education classrooms. School districts adopting full inclusion policies regardless of the child's individualized education program potentially place that district in jeopardy. In order to comply with federal law and assure each student with EBD their protected rights, placement decisions must be (a) individualized, (b) based on the full continuum of alternative placements, (c) consistent with the principles of the least restrictive environment (LRE), and (d) secondary to the primary purpose of special education which is the provision of an appropriate educational program (Bateman & Chard, in press).

In addition, as court cases arise concerning placement decisions, the courts are placed in the position of having to interpret how the regulations of the IDEA apply to the parties involved in each case. However, through opinions rendered in federal circuit court decisions, precedent is set for all school districts residing within the jurisdiction of that federal court. As cases are heard surrounding issues of inclusion, educators are obligated to inform themselves of the outcomes in order to remain in compliance with the IDEA.

Federal Regulations on Placement Decisions

It remains common practice for special education personnel to identify students by their disability categories (e.g., seriously emotionally disturbed)

and to place them in programs based on these categorical labels. According to the 15th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (U.S. Department of Education, 1993), the proportion of students with EBD who continue to receive their education in categorical placements is greater than students of any other disability category. School districts frequently have SED classrooms where only students labeled seriously emotionally disturbed are placed.

Categorical placements, as described above, are the result of a failure to understand the legal requirement that all placements be based on the unique needs of the child. A policy letter from the U. S. Office of Special Education and Rehabilitation Services (OSERS) clarified the regulations concerning placement:

> The guidelines ... make explicit what the courts and Congress have stated was intended when Public Law 94-142 was first passed: namely, removal from integrated environments must be based solely upon the individual educational needs of the student and not upon ... category of handicapping condition, configuration of the service delivery system, availability of educational or related services. (Will, 1987, p. 443)

To comply with the IDEA, placement of a student with EBD must be based on an individualized education program (IEP). Robert Davila, Assistant Secretary of the Office of Special Education and Rehabilitation Services (OSERS), described the relation between completed IEPs and placement decisions as follows:

> Under Part B, a determination of what constitutes the least restrictive educational placement must be based upon the individual needs of each child, as described and specified in his or her IEP. Placement cannot be solely based on such factors as the category of the child's disability, the availability of appropriate staff, administrative convenience, or the configuration of the service delivery system. (Davila, 1991, p. 214)

Therefore, the cornerstone of a legally correct placement decision is an IEP that clearly identifies the unique educational needs or characteristics of the child. In addition, the IEP must contain a statement of the specific special education services needed (34 CFR 300.346 (a)(3)). Finally, a sound placement decision can be made once an IEP is developed and the placement decision makers are knowledgeable about the student's needs and the special education services that will meet those needs. At this juncture it is important to note that special education is defined by law as specially designed instruction (34 CFR 300.17(a)(1)) and *not* placement in a designated special education classroom.

A continuum of alternative instructional settings is fundamental to individualized placements based on IEPs. In other words, school districts must make available instruction in general education classes, special classes, special schools, home instruction, and instruction in hospitals and institutions. While full inclusion advocates recommend that all students can be educated in the general education classroom, the U.S. Office of Special Education and Rehabilitation Services has reaffirmed their commitment to the availability of a full continuum of alternative placements.

> Public agencies are required to make available ... a continuum of alternative placements.... The Department recognizes that some children with disabilities cannot be appropriately placed in general education classrooms.... Inherent

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in FAPE (free appropriate public education) is a continuum of services including separate public and private facilities. (Vergason, 1991, p. 471)

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When making an individualized placement decision from a full continuum of services, six regulatory provisions — known collectively as the Least Restrictive Environment (LRE) safeguard — must be considered. The LRE is complex and includes three *absolute* mandates and three *qualified* requirements. The absolute and binding mandates are that placements must be individualized and based on the IEP, reviewed annually, and selected from the full continuum of alternative placements. The qualified provisions require eligible students be educated with nondisabled students to the maximum extent appropriate and be removed from the general education class only when education in that setting cannot be achieved satisfactorily, as close to home as possible, and in the neighborhood school unless the IEP requires differently (Bateman, 1992).

Although the mandatory and qualified provisions constituting the LRE are complex, some implications of the LRE are very clear. First, the least restrictive environment refers to a list of decision-making guidelines *not* a specific place. Second, while these guidelines entitle eligible students to be removed from the general education environment only when education in that setting cannot be achieved satisfactorily, there is no "fail-through" requirement; that is, the LRE does not require a child to fail in the general education classroom before being placed in a separate program (Richards, 1987). Finally, the *LRE is secondary* to the primary purpose of the IDEA, namely, to provide a free appropriate public education to every child who has a disability. Therefore, as outlined earlier, placement should be viewed as secondary to ensuring that students with EBD meet their educational objectives as put forth on the IEP. Placement in and of itself should not be viewed as an educational objective but rather a means to reach individualized educational ends.

Analysis of Current U.S. Circuit Court Positions on Placement

Until the U.S. Supreme Court decides to hear and rule on a case involving the least restrictive environment and full inclusion, the eleven U. S. Circuit Courts of Appeals are the highest legal authority. Therefore, it is important to consider the circuit courts' current positions on placement as they set the precedent for states and local education agencies within each federal district.

The Fifth Circuit provides the current leading analysis of mainstreaming compliance. *Daniel R. R. v. State Board of Education* (1989) involved a student with developmental delays and speech impairments. Daniel was developmentally delayed by 2 to 3 years. The school district recommended a change in placement from a half-day kindergarten and a half-day special education program to a full day of special education with lunch and recess spent with his peers without disabilities. In contrast, Daniel's parents requested a placement in the general education classroom. The hearing officer concluded the curriculum in the general education classroom was beyond the student's abilities and offered little educational benefit, the student's needs required too much of the teacher's time, and the teacher was not able to attend adequately to the needs of other students. The hearing officer's opinion was upheld on appeal to the district court, and the district court's opinion was upheld by the Fifth Circuit Court of Appeals.

The Fifth Circuit stated the LRE provision in the IDEA allows school authorities to remove students from general education classrooms when it is necessary in order to provide special education and related services.

> In short, the Act's mandate for a free appropriate public education qualifies and limits its mandates for education in the regular classroom. Schools must provide a free appropriate education and must do so, to the maximum extent appropriate, in regular education classrooms. But when education in a regular classroom cannot meet the handicapped child's unique needs, the presumption in favor of mainstreaming is overcome and the school need not place the child in regular education. *(Daniel R. R.*, 1989, p. 1045)

The court recognized that the IDEA does not provide substantive standards for balancing the LRE provision with a free appropriate public education. Therefore, the court turned to the language of the IDEA itself to establish a framework by which to analyze a school district's compliance with the LRE provision in making placement decisions. The two-part *Daniel R. R.* analysis requires that reviewing courts first determine whether education in the general education classroom, with supplementary aids and services, can be satisfactorily achieved. If not, and special education must be provided outside the general education classroom, the courts must then determine whether the school has provided an integrated environment to the maximum extent appropriate. While the two-part analysis was drawn directly from the language of the IDEA, the Fifth Circuit suggested several factors to consider when answering the first question. The factors included the child's ability to interact meaningfully with the general education curriculum, the nature and severity of the disability, the effect the IDEA eligible student has on the operation of the class, the student's overall experience in the general education environment balanced with the benefits of special education, and the amount of interaction with nondisabled students. In addition, the court pointed out that these factors were not exhaustive, and the analysis should be fact-based and individualized. If the answer to the first question is "no," a district would have to consider the available continuum of alternatives to determine which would be most appropriate. Finally, the Fifth Circuit warned school districts to avoid dichotomous placement decisions but to consider taking "intermediate steps where appropriate, such as placing the child in regular education for some academic classes and in special education for others" *(Daniel R. R.*, 1989, p. 441).

The Third and Eleventh Circuits have applied the *Daniel R. R.* analysis in recent placement cases. In *Greer v. Rome City School District* (1991), the Eleventh Circuit extended the *Daniel R. R.* analysis to include an excessive cost factor. Essentially, if the cost of educating a child in the general education classroom is so expensive as to significantly impact the education of other children, it would not be an appropriate placement.

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In *Oberti v. Clementon School Board* (1993), the Third Circuit affirmed a lower court's decision in which a school district was ordered to serve a child with severe cognitive delays in a general education classroom. While *Oberti* has been interpreted as an offspring of *Daniel R. R.*, it is not clear that the range of factors spelled out by the Fifth Circuit in *Daniel R. R.* was considered in *Oberti*. Perhaps the most significant outcome of *Oberti* was the Court's finding that the IDEA eligible child need not be engaged in the general education classroom curriculum but may be taught using parallel instruction, that

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is, teaching two curricula simultaneously.

In August, 1993 the Ninth Circuit Court of Appeals heard oral arguments in *Sacramento City Unified School District, Board of Education v. Holland*, (1994). This was the first placement case to be heard by the Ninth Circuit since 1984. Legal commentators anticipated the court would apply the two-part *Daniel R. R.* analysis to determine compliance with LRE. Rachel Holland was a 9-year-old girl with a developmental disability. Results from academic testing indicated she was delayed by approximately 5 years. Reportedly, Rachel is well behaved and poses no discipline problems in the general education classroom. Rachel's parents wanted her to be in a general education classroom all day, while the school district proposed a part-time general education placement with special education services provided in a resource room. The district court found in favor of the parents. Upon appeal, the Ninth Circuit Court of Appeals fashioned its own four-factor test to determine compliance with the IDEA's mainstreaming requirement. Specifically, the court considered (1) the educational benefits of full-time placement in a regular class; (2) the nonacademic benefits of such placement; (3) the effect Rachel had on the teacher and children in the regular class; and (4) the costs of mainstreaming Rachel" (*Holland*, 1994, p. 815). Consequently, the Ninth Circuit affirmed the district court's decision.

Holland takes on particular significance because the U.S. Justice Department and the U.S. Department of Education filed a "friend of the court" brief supporting Rachel's inclusion in the general education classroom. Such support from the executive branch of the federal government may foreshadow future legislative action regarding the role of placement in special education.

Daniel R. R., Greer, Oberti, and Holland have all been interpreted as full inclusion decisions. The facts in these cases are very similar. Specifically, the students are well behaved children who pose no management problems to the classroom teacher and do not interfere with the learning of their classmates. In contrast, cases involving students with EBD have not culminated in decisions about whether to include the child in the general education classroom. For example, in *Geiss v. Parsippany-Troy Hills Board of Education* (1985) and *Chris D. v. Montgomery County Board of Education (1990)*, the courts have ruled in favor of more restrictive placements. While proponents of full inclusion will likely hail the recent placement decisions outlined above, it is not so likely that similar decisions will be reached in placement disputes where the student has an emotional or behavioral disorder.

BARRIERS TO MEETING FULL INCLUSION OBJECTIVES

As outlined in the introduction, one of the primary objectives of the full inclusion movement is to place all children and youth with disabilities within general education classrooms to increase social competence and foster positive peer and teacher relationships. By definition, these are the very areas in which students with EBD have the greatest difficulty. Social and behavioral difficulties of students with EBD are manifested across a spectrum from those displaying high rates of inappropriate social behavior (externalizers) to those displaying significantly low rates of social behaviors (internalizers; Walker & Bullis, 1990). As Gresham (1982, 1983, 1986) repeatedly demonstrated throughout the last decade, placement

of students with disabilities among their nondisabled peers (i.e., mainstreaming) —thereby setting the occasion for identified students to learn appropriate social skills through a large number of appropriate nondisabled peer models —failed to increase either disabled children's social competence or disabled children's acceptance by nondisabled peers. Granted, most professionals who advocate full inclusion are in agreement that simple placement in and of itself is not sufficient to increasing social competence (e.g., Snell, 1990). However, research continues to document the lack of general educators trained to teach social skills and implement related behavior management interventions (e.g., Kauffman & Wong, 1991; Knitzer, Steinberg, & Fleisch, 1990). Further barriers to meeting the stated objective are discussed in the remainder of this section, specifically, the three areas delineated by Snell (1990) as they relate to students with social behavior problems.

Development of Social Skills

Research in teaching social skills to students with disabilities has demonstrated immediate positive results. Unfortunately, several reviews of the literature indicate that results are often short term, inconsistent among subjects, and fail to generalize across settings (Chandler, Lubeck, & Fowler, 1992; Hops, 1982, 1983; Hops, Finch, & McConnell, 1985; McConnell, 1987; Shores, 1987; Strain, 1981; Zaragoza, Vaughn, & McIntosh, 1991). Reports in the literature of the failure to demonstrate maintenance and generalization are numerous and beyond the discussion of this paper. At issue is the well documented fact that students with EBD have a difficult time using prosocial skills outside of treatment settings. The failure to demonstrate maintenance and generalization takes on increasing significance when the objective is to include students with social skill deficits and social skill performance problems across environments which are not prepared to teach social skills or provide appropriate social behavior error correction strategies.

Given that students with disabilities often fail to demonstrate positive social skill gains following placement in the mainstream (Asher & Hymel, 1981; Gresham, 1986; Sabornie, 1985), advocates of full inclusion are quick to point out that social skills instruction also should be provided to meet the objective of increased social competence (Snell, 1990). Survey data has shown that general and special education teachers acknowledge the need to teach social skills and express a willingness to incorporate social skills in the curriculum, if given the necessary time and administrative support (Bain & Farris, 1991; Cosden, Iannaccone, & Wienke, 1990; Odom, McConnell, & Chandler, 1993). However, at present, social skills are not a part of the general education curriculum (Kauffman & Wong, 1991; Safran & Safran, 1988; Walker & Bullis, 1990), teachers report that they do not feel qualified to teach social skills (Safran & Safran, 1988; Safran, Safran, & Barcikowski, 1988), and access to qualified technical assistance is limited (Knitzer et al., 1990). More importantly, general educators are failing to implement necessary interventions to support maintenance and generalization of social skills learned elsewhere (Kauffman & Wong, 1991).

Critical to the success of any social skills program are well trained teachers (Lewis, 1992, in press). Since general education teachers view themselves as unqualified to teach social skills, it is encouraging to note that teaching prosocial alternatives to problem behaviors is the most common request for technical assistance (Horner, Diemer, & Brazeau, 1992).

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However, according to data collected by Knitzer and her colleagues (1990) a catch-22 exists. Knitzer et al. (1990) found through surveys of teacher assistance teams that teachers felt *least* competent about developing interventions for social behavior problems. Because teacher assistance teams remain largely composed of teachers, the team is bound by the collective expertise of which there appears to be a deficit with regard to teaching social skills and managing challenging behaviors.

A recent survey of schools conducted by Sugai and Chard (1994) provides additional evidence that schools are failing to meet the social behavioral needs of students in the mainstream. Data from the survey indicate that, while most schools have a discipline system in place for reactively managing the behaviors of students who violate classroom and school rules, few have systematic, schoolwide strategies for assessing and enhancing the social behaviors of students. The failure to proactively teach social skills, particularly to those students at risk and with EBD, has profound implications which may lead to further academic and social difficulties (Greenwood, 1991; Hartup, 1979; Parker & Asher, 1987). Longitudinal research has shown that students who lack social competence are at risk for concomitant problems such as being overrepresented in groups who drop out of school (Parker & Asher, 1987), being labeled delinquent (Parker & Asher, 1987), subject to peer neglect or rejection (Hops, Finch, & McConnell, 1985), and depression (Lewinsohn, 1974).

Improvement in the Attitudes of Persons Without Disabilities

As might be expected given their behavior patterns, students with EBD are often rejected or isolated by their peers (Asher & Taylor, 1981; Bullard, Corman, Gottlieb, & Kaufman, 1977; Gresham, 1986; Guralnick, 1990; Michelson & Wood, 1980; Sabornie, 1985). Research throughout the 1970s and early 1980s provide multiple research examples clearly indicating that students with disabilities, particularly those with cognitive and behavioral deficits, were viewed as least desirable as work- and playmates (Asher & Taylor, 1981; Gottlieb, 1981; Gottlieb & Leyser, 1981; Jones, 1974). While research has shown that peer attitudes can be positively affected toward students with mild developmental disabilities (e.g., Gottlieb, 1980), autism (e.g., Sasso, Simpson, & Novak, 1985), and physical handicaps (e.g., Donaldson, 1980) and toward students without disabilities who are nevertheless rejected by peers (e.g., Bierman & Furman, 1984), most reported research projects employ highly trained teachers, systematic experimental control, and state-of-the-art interventions. As discussed under the prior section, the critical issue is twofold. First, social skills and peer focused interventions are not being implemented by properly trained teachers or through the use of empirically supported methodology (Kauffman & Wong, 1991).

Second and more important, social skills are simply not being taught at all in most general education settings (Safran, Safran, & Barcikowski, 1988). Fortunately, surveys of secondary-aged students with EBD show that interpersonal relationship skills are ranked as more important and more desirable than interactions with adults or compliance with school demands, indicating a desire on the part of students with EBD to engage in the necessary skills to increase peer acceptance (Meadows, Neel, Parker, & Timo, 1991; Williams, Walker, Holmes, Todis, & Fabre, 1989). Unfortunately, without direct intervention, students with EBD will probably remain less skilled in displaying behavioral patterns that lead to peer acceptance.

Equally important to the successful inclusion of students with EBD are teacher attitudes. While research shows that teachers are less apt to judge students based on peer interactions, they do highly value behavioral compliance with classroom rules and teacher directions (Gerber & Semmel, 1984; Hersh & Walker, 1983; Kauffman & Wong, 1991; Kornblau & Keogh, 1980; Meadows et al., 1991; Walker, 1986; Williams et al., 1989). In a study conducted by Gersten, Walker, and Darch (1988), data indicate that the most effective teachers are also the least tolerant of behavioral noncompliance. Walker and Rankin (1983) report that effective teachers are the most reluctant to have a child with disabilities in their classroom. Other researchers have provided additional evidence that students with EBD, especially those who exhibit noncompliant or acting-out behavior, would have difficulty meeting the behavioral expectations in most general education classrooms (Gable, McLaughlin, Sindelar, & Kilgore, 1993; Hersh & Walker, 1983; Kauffman & Wong, 1991, Kearney & Durand, 1992; Kerr & Zigmond, 1986; Walker, 1986). By directly surveying special and general educators, Downing, Simpson, and Myles (1990) found evidence that students with EBD do in fact have difficulty meeting the behavioral expectations in general education settings. In their study, large discrepancies between special and general educators were found in evaluating the same child's behavioral competency. For example, while special education teachers reported that 76% of targeted students with EBD avoided swearing in the special education classroom, general educators reported that none of the same sample avoided swearing in the mainstream setting. Compounding the problem, teachers who are unprepared to deal with noncompliance often respond by simply lowering their expectations (Shavelson & Stern, 1981); this may allow strengthening of noncompliant responses.

Parents' attitudes also impact the success of inclusion. Presenting behavioral problems of EBD students often require specialized services for both identified students and their families (Simpson, 1988). In comparison with parents of children with other disabilities, parents of students with EBD have looked less favorably upon mainstreaming practices, citing the historical failures to successfully integrate their children into general education classrooms (Paul, Turnbull, & Cruickshank, 1977). Although parent attitudes have been shown to be more favorable when allowed input into the decision-making process (Simpson & Myles, 1989), legitimate input in placement decisions has been limited and inconsistent (Abramson, Wilson, Yoshida, & Hagerty, 1983).

Development of Positive Relationships and Friendships

Given that students with EBD often lack social skills and peers and adults value interpersonal competence and behavioral compliance, the likelihood that EBD students will have opportunities to develop meaningful relationships with others simply by having instructions delivered in the general education setting is unlikely (Asher & Taylor, 1981; Coleman, Pullis, & Minnett, 1987; Gresham, 1981, 1982, 1983, 1986; Sabornie, 1985, 1991). Gresham (1986) has pointed out that students in self-contained classes have a greater chance of developing friendships with their disabled peers than they have with nondisabled students when placed in general education settings. Recently, there has been some evidence that placement of preschool children with behavioral problems among their peers can promote social interactions among peers without disabilities (Guralnick,

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1990). However, as Gualnick stated, even when social interactions increase, "[the] social status of handicapped children as judged by nonhandicapped children is lower" (p. 11).

Since the implementation of PL 94-142, it has been well documented that students with EBD continue to be grossly underserved.

FUTURE DIRECTIONS AND BEST PRACTICE

While the discussion in this article until now paints a grim picture of possible success in the general education setting for students with EBD, the possibility to include students with EBD successfully in the general education environment does and should exist. However, as Kauffman (1993b) and other leaders in the field of EBD (i.e., The Peacock Hill Working Group, 1991) point out, truly to achieve educational reform, continued work is needed on the present system. Following Kauffman's and The Peacock Hill Working Group's recommendations, success will be contingent upon two activities: (a) improving current services provided to students with EBD within the existing full continuum of placements, and (b) developing a systematic buildingwide approach to deal proactively with all students who present challenging behaviors.

Improving the Current System

The field continues to operate under the regulations put forth under the IDEA in the identification and placement of students with EBD. However, since the implementation of PL 94-142, it has been well documented that students with EBD continue to be grossly underserved. In a nationwide survey, Grosenick and Huntze (1980) found that approximately three-fourths of the school-age EBD population were not provided special education services. According to the 15th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (U.S. Department of Education, 1993), only 0.86% of the school age population ages 6 to 17 were identified as EBD. Most experts feel that 2 to 6% of the school-age population should qualify for services under the EBD category (Achenbach & Edelbrock, 1981; Cullinan, Epstein, & Lloyd, 1983; Kauffman, 1993a). Given this situation, conservative estimates indicate that up to 5.14% of school-age children who display behavioral difficulties should receive some form of specialized educational assistance but do not. With recent advances in early screening of children with behavioral problems (e.g., Walker & Severson, 1992), schools have no excuse for failing to identify students at risk and those who qualify for specialized services under the EBD label.

Why is it important to identify more children for specialized services? According to Walker and Bullis (1990), "the public schools' record of effectively accommodating students with behavioral disorders ... is close to abysmal .... [a] strong case can be made regarding their neglect of students experiencing serious behavior problems" (p. 78). Given this history of neglect for those students who *are* identified, one is left to wonder about the quality of services provided to the other 5% who *are not* identified.

In addition to simply identifying more children for services, the quality of the services provided should remain a priority (Kauffman, 1993b). For example, the recent application of functional analysis methodology with students identified as *mildly handicapped* or *at risk* shows promise as an assessment technique that is adaptable to individual children's needs and thus leads to specific interventions (e.g., Dunlap et al., 1993; Lewis & Sugai, 1993, 1994). The literature provides multiple empirically validated interventions for use with students with EBD. The challenge is to translate research into

practice with procedural integrity while allowing individualization across settings and students. Speaking on educational reform, Walker and Bullis (1990) articulate this challenge which moves us beyond placement issues and focuses our attention on the services we provide:

> We are very much in favor of the eradication of ineffective professional practices, the empowerment of teachers, use of teacher assistance teams, and the development of powerful intervention procedures, resources and delivery systems that "push the envelope" of education, that is, create change(s) that will have the greatest positive impact achievable for each student. (p. 75)

Addressing all empirically supported best practices is beyond the scope of this article. The recent article by The Peacock Hill Working Group (1991) provides an excellent overview of strategies that have proven successful including (a) systematic data-based interventions, (b) continuous assessment and monitoring of progress, (c) provision for practice of new skills, (d) treatment matched to problem, (e) multi-component treatment, (f) programming for transfer and maintenance, and (g) commitment to sustained intervention (pp. 301-302). In addition, the authors provide applied program exemplars of research into practice that have demonstrated positive outcomes for students with EBD.

Systematic Buildingwide Approaches to Proactively Dealing with All Students Who Present Challenging Behaviors

A recent national survey provides a clear indication of the perceived sense of ownership schools have of students with EBD. Surveying special education administrators, Grosenick, George, George, and Lewis (1991) found that, while all districts sampled have clearly articulated procedures to identify and place students with EBD into special education settings, only 51% had procedures to move identified students back into general education placements, and of the 51%, only 37% had plans in writing. Even more distressing was the fact that administrators reported the students with EBD being more involved in the decision to exit a special education placement than the receiving general education teacher (Grosenick et al., 1991). Given the discouraging indices of how students with EBD are often viewed unfavorably by general education teachers and peers and the fact that special educators are failing to provide a structured process of reintegration, it would seem that any attempt to integrate students with challenging behaviors into the general education classroom is doomed to failure. If integration of students with challenging behaviors is to occur at any level within the general education environment, a schoolwide concerted group effort is necessary to improve children's behaviors and to provide support to general educators.

While there is a noticeable dearth of literature examining models and practices to reintegrate and, more important, to maintain students with challenging behaviors in general education settings, there have been some documented successes. Notable successes typically come from well funded research and demonstration projects (e.g., Colvin, Kameenui, & Sugai, 1994) or Herculean efforts on the part of a small group of individuals within a building or school district (e.g., Keenan, 1993) that provide the atypical case versus the norm. However, based on the outcomes provided anecdotally by successful programs, literature reviews, and the limited data-based projects to date, there is an emerging picture of the necessary components to increase the likelihood of success. For example, Dickey and her colleagues in the Houston Independent School District

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delineated a set of steps and procedures to reintegrate students with EBD successfully from a self-contained setting (Dickey, Jaco, Williams, Sager, & Slay, 1983). Empirical data are not provided, but the authors anecdotally identify five necessary components to successfully reintegrate students into their home schools:

> (a) Criteria for phasing out children, (b) availability of appropriate less restrictive classroom, (c) cooperative efforts by all personnel involved, (d) a systematic follow-up procedure ... monitoring the student's progress and consultation services for the teacher, and (e) availability of alternative settings in the event the students' transition does not meet with success. (p. 188)

Based on reviews of the literature, applied processes to reintegrate students with problem behaviors into less restrictive settings have been developed. For example, systematic steps to phase students from more to less restrictive settings and important variables to consider have been proposed (George & Lewis, 1990; Lewis & George, 1989; Wong, Kauffman, & Lloyd, 1991). Likewise, best practices for providing support for students with challenging behaviors in general education settings are also available within the literature (McEvoy, Davis, & Reichle, 1993; Sugai & Tindal, 1993).

Expanding on the Transenvironmental Programming model developed by Anderson-Inman (1981), Fuchs and his colleagues attempted to reintegrate ten students with EBD from a self-contained day school into each child's home school (Fuchs, Fuchs, Fernstrom, & Hohn, 1991). Providing systematic interventions prior to reintegration, technical assistance to all involved with each child, and interventions within the new placement, Fuchs et al. placed one of ten students in a mainstream classroom; the remaining nine were placed in self-contained special education classrooms within general education school buildings (Fuchs et al., 1991). Unfortunately, there were no follow-up data on the maintenance effects of the project. While the results can be viewed favorably from the standpoint that the students were at least included in their home school, the limited results came at the expense of 18 weeks of planning and intervention and an average of 20 hours per student on the part of external research assistants.

Colvin et al. (1994) are investigating the application of a proactive schoolwide behavior management system to reduce the likelihood of problematic behavior displayed by at-risk students developing into full-blown EBD behavioral patterns as well as to provide an environment where students with EBD can be integrated successfully. Using a "teacher-of-teachers" model and a building team approach, Colvin and his colleagues are attempting to refocus school discipline from a reactive rule breaking model into a proactive teaching model. The project's primary objective is to increase each school building staff's sense of ownership of all enrolled students, and to have this staff view behavior problems as learning errors with intervention focusing not only on error correction but also on teaching appropriate behavior to reduce the likelihood of future errors (i.e., behavior problems).

A recent demonstration project led by Sugai and Horner (1994) at the University of Oregon shows promise in providing a practical model for supporting students with EBD and others who display chronic problematic behaviors. Building on the work of Colvin et al. (1994), the project utilizes a building team approach to assess, develop, implement, and monitor individual behavior change

plans. Central to the project's focus is the idea that students with challenging behaviors can be integrated into general education settings provided the teaching staff are adequately trained and a systematic procedure is in place to access effective technical assistance and support. All training and intervention procedures employed are based on empirically validated best practices focusing on a learning model of problem behavior (e.g., functional assessment, social skills instruction, schoolwide management, consultation). Using a team approach, the project assures that (a) teachers receive assistance as soon as possible when confronted with challenging behaviors, (b) assistance is ongoing and evaluated formatively, (c) behavioral interventions are developed and implemented by staff members directly responsible for the student's instruction including support staff (e.g., playground monitors, bus drivers), and (d) there is a commitment on the part of the building administrator to provide the necessary support to implement and maintain team decisions. To date, the Effective Behavioral Support model has not been validated empirically, but plans to study the model and its components systematically are in progress.

CONCLUSION

First and foremost, the decision to place a child with disabilities in any setting should be a team decision based on the child's individual needs. At present, the court decisions reflect a pro-inclusion focus. That is, prior to removing a child with disabilities from the general education setting, the school district must show that the child is not receiving benefit in that setting. However, following regulations mandated in the IDEA, recent court decisions such as *Daniel R. R.* have also encouraged educators to take into account the needs of other students within that classroom. The courts have upheld the rights of students to a free appropriate education across a full continuum of placements. Until an inclusion case involving a child with EBD is heard by the courts, local school districts are encouraged to apply criteria developed by the courts (e.g., *Daniel R. R.*) to determine appropriateness while at the same time maintaining alternative placement options.

If a multidisciplinary team determines that a child with EBD should be educated within a general education setting, assurances must be provided to deliver appropriate specialized support within that setting. Clearly, the current literature is in consensus that necessary social skills instruction and behavior management support is not in place in general education environments nor are general educators prepared to accept and teach students with challenging behaviors. In addition to the necessary inclusion of social skills instruction and behavior management, there are several other issues related to children and youth with EBD that need to be explored if necessary individualized instruction is to be delivered in general education settings. For example, the literature has demonstrated that children and youth with EBD often have related problems that require specialized services such as family problems (Simpson, 1988), a history of being sexually and physically abused (Miller, 1993), drug use (Devlin & Elliott, 1992), and contact with the juvenile courts (McIntyre, 1993). Promising trends such as the Effective Behavioral Support and Wrap Around Service models offer potential solutions to provide mandated social behavioral support services directly to students with EBD in the general education setting.

It is clear that a great deal of research and exploration of relevant issues is needed prior to adopting or rejecting the current full inclusion reform

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movement. Questions such as what types of services are currently successful in maintaining students with EBD in the classroom, how much training is needed to prepare general educators to implement social behavioral interventions, what impact do students with EBD have on other students' learning in the classroom, what costs are associated with inclusion of students with EBD, and how do we evaluate effectiveness in such a way that is generalizable to other classrooms, buildings, and school districts all must be answered through empirical examination. In the meantime, as advocates of students with EBD, we should take advantage of the potential opportunities the full inclusion movement affords. Specifically, we should continue to encourage local school building staffs to take ownership of *all* students with disabilities *including* those with EBD. As the Executive Committee of the Council for Children with Behavioral Disorders (CCBD) states, "CCBD supports the concept of inclusive schools whereby **all** personnel demonstrate *ownership* of all children in their school" (CCBD, 1993, p. 1, emphasis in original text).

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Implementing Comprehensive Classroom-Based Programs for Students with Emotional and Behavioral Problems

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Abstract: While the design of effective classroom programs for students with emotional and behavioral problems has been an important topic of discussion for many years, recent criticisms of existing programs and the movement toward full inclusion of such students in general education classrooms have resulted in a renewal of interest in the structure and design of effective programs for these students. The present paper describes the ten components of a comprehensive classroom-based program for students with emotional and behavioral problems, contrasts the program's educative approach with the more control — oriented approaches frequently observed in school settings, and discusses methods to overcome some of the common barriers to the successful implementation of such programs.

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The design and implementation of effective classroom programs for students with emotional and behavioral problems has been an important topic of discussion for many years (Colvin, Kameenui, & Sugai, 1993; Hewett, 1968; Hewett & Taylor, 1980; Jones & Jones, 1990; Kerr & Nelson, 1989). However, two recent occurrences have resulted in a renewed interest in this area. First, Jane Knitzer and her colleagues (Knitzer, Steinberg, & Fleisch, 1990; Steinberg & Knitzer, 1992) have strongly criticized the coercive and controlling manner in which such programs are often implemented in schools across the country. Second, the Regular Education Initiative and the Inclusive Schools Movement, while still quite controversial (Council for Children with Behavior Disorders, 1989; Fuchs & Fuchs, 1994; Gartner & Lipsky, 1987; Lloyd, Singh, & Repp, 1991), have clearly resulted in an increased emphasis on serving students with emotional and behavioral problems in general education classrooms. Consequently, a great many more general education teachers, administrators, and support staff have found it necessary to significantly increase their knowledge about the implementation of specialized classroom programs for this difficult population of students.

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Unfortunately, our base of knowledge in this area is fragmented and confusing and our ability to implement effective, comprehensive classroom programs is woefully inadequate. There currently exists a dizzying array of theoretical models, general program types, and individual services or interventions that one could pick from in developing an effective, comprehensive classroom program for students with emotional and behavioral problems. In an ideal circumstance, one would determine the field's current "best practice" and make recommendations to teachers by carefully reviewing the outcome research evaluating the various program types and models. Unfortunately, the current situation in our field is far from ideal. While there is a significant research base evaluating the short-term effects of many academic and social interventions with students who have emotional and behavioral problems, there are few studies evaluating the long-term outcomes of such interventions. Worse, there have been almost no studies evaluating the long-term outcome effects of classroom programs that have attempted to integrate a range of academic and behavioral approaches into a comprehensive classroom program (Grosenick, George, George, & Lewis, 1991; Smith & Farrell, 1993).

While the current research base is insufficient, particularly with respect to long-term outcome studies, it is not the case that we have no basis on which to proceed. There are a great many promising academic and behavioral interventions that have significant empirical support and an increasing number of attempts across the country to implement programs based on those procedures. The 10-component program model presented here (see Table 1) is the result of an integration of the currently available research on promising academic and behavioral interventions and the author's 15 years of experience directing programs and consulting in schools and treatment programs for students with emotional and behavioral problems. The classroom-based components of the model place a heavy emphasis on an "educative" approach to services, an approach that focuses on providing students with structured opportunities to learn and practice new academic, social, and behavioral skills that will enable them to function more successfully in school and community settings. The model also emphasizes the development of strong, collaborative working relationships with families and with general education programs and staff. In addition to briefly reviewing the 10 components of the comprehensive classroom-based model, the present paper also discusses several issues critical to the successful implementation of such programs.

COMPONENTS OF COMPREHENSIVE CLASSROOM-BASED PROGRAMS

Consistent Classroom Schedule and Structure

To effectively teach new skills, regardless of the type of skills being taught, requires a consistent and structured environment. As a rule, teachers are well aware of this need when they teach academic material. They carefully prepare lessons that include clear presentation of material, modeling of appropriate responses, opportunities for student practice, and careful evaluation of student progress. Unfortunately, even though the need for structure and consistency is stressed over and over again in the literature as a prerequisite for effectively teaching social and behavioral skills (Jones & Jones, 1990; Kerr & Nelson, 1989; Sulzer-Azaroff & Mayer, 1986), it is often not even remotely achieved in actual practice. Jones (1993) summarizes the re-

TABLE 1

The 10 Essential Components of Comprehensive, Classroom-Based Programs for Students with Emotional and Behavioral Problems

1. A consistent classroom schedule and structure.
2. High rates of student academic involvement and achievement.
3. High rates of social reinforcement.
4. Some form of "point" or "token" system to ensure high rates of tangible reinforcement.
5. A repertoire of teacher responses to address mild disruptive behavior.
6. A systematic program for dealing with escalating, severe, and/or dangerous student behavior.
7. Frequent and structured opportunities for students to interact with peers.
8. A wide available range of individualized treatment interventions.
9. Parent and community involvement.
10. A systematic process for returning students to general education programs and classes.

search findings in this area when he states that:

> "Research in classroom management has clearly demonstrated the value of providing students with clear instruction in classroom rules and procedures. Students need and benefit from structure. Structure provides a sense of order and security—a factor missing from the lives of many students. Clear structure is a prerequisite to teaching students personal responsibility and accountability for their actions." (p. 11).

To achieve this component requires, at a minimum: (a) clear specification of classroom rules and expectations, including identification of both the desired and undesired behaviors; (b) clear specification of the consequences for both desired and undesired behaviors; (c) a plan for daily activities and a reliable, though not unalterable, schedule; and (d) most importantly, careful attention to, and evaluation of, the consistent implementation of the above (this is particularly important when several adults are involved in delivering the program and in the early stages of student learning).

High Rates of Student Academic Involvement and Achievement

Clearly, a primary goal of all educational programs is to teach academic skills and content to the students. Unfortunately, teachers of students with severe emotional and behavioral problems often seem so focused on addressing behavioral issues that they all but ignore the academic needs of their students. In their national survey of school programs for students with emotional and behavioral disorders, Knitzer et al. (1990) clearly documented this problem. They cited significant problems with the curricula used, the repetitive nature of the assignments to be completed, and the teaching methods employed, all of

To effectively teach new skills, regardless of the type of skills being taught, requires a consistent and structured environment.

It should come as no surprise that students with well-targeted, challenging, and stimulating work to do, and who are taught using methods that actively involve them in the work, will have fewer behavioral problems than students who do not.

which led to "... a pervasive boredom and apathy" (Steinberg & Knitzer, 1992, p. 146). Not only is this lack of academic emphasis (and the resulting boredom and apathy) a serious problem in its own right, it also greatly contributes to the behavioral problems observed in many classrooms. As Steinberg and Knitzer (1992) point out " . . . a successful learning experience is itself a major contribution to mental health" (p. 153). It should come as no surprise that students with well-targeted, challenging, and stimulating work to do, and who are taught using methods that actively involve them in the work, will have fewer behavioral problems than students who do not. No behavioral system, no matter how sophisticated or well implemented, will effectively manage the behavior of students who are not engaged in productive and meaningful work.

There are a range of curricula and methods available to address this problem, most of which have been implemented successfully with elementary students without disabilities, with at-risk students, and with students who have mild disabilities. However, they can all be applied with minor adaptations to classrooms for students with severe emotional and behavioral problems. These programs and methods focus not only on the structure of the material to be taught (the curriculum), but also on the methods for delivering the instruction (teacher behavior) and on ensuring high rates of student engagement with the material. Some examples include direct instruction (Engelmann, Becker, Carnine, & Gersten, 1988; Engelmann & Carnine, 1982), peer tutoring (Cooke, Heron, & Heward, 1983; Greenwood, Delquadri, & Carta, 1988; Maheady, Harper, Sacca, & Mallette, 1991), cooperative learning (Slavin, 1983), and the strategies intervention model (Institute for Research in Learning Disabilities, 1990). All these procedures, as well as many others, can be used to enhance the learning environment for students with severe emotional and behavioral problems by both increasing the rate at which academic skills are mastered and reducing the frequency of behavioral problems exhibited by students.

High Rates of Social Reinforcement

The power of social reinforcement to affect the learning of new behaviors, both academic and social, as well as to decrease the frequency of undesirable behaviors, has been known for many years and has been demonstrated over and over again in the literature (Kirby & Shields, 1972; Luiselli & Downing, 1980; Madsen, Becker, & Thomas, 1968; Thomas, Becker, & Armstrong, 1968). Unfortunately, research also indicates that this important teacher behavior occurs at rates significantly lower than required for its effective use as a teaching tool. White (1975), Gable, Hendrickson, Young, Shores, and Stowitschek (1983), Strain, Lambert, Kerr, Stagg, and Lenker (1983), Reitz, Barbetta, Sestili, Hawkins, & Dickie (1984), and Shores, Jack, Gunter, Ellis, DeBriere, and Wehby (1993) have all found rates of teacher approval for student behavior to be extremely low, often averaging less than one approval statement every 5 minutes. While no "ideal" rate of social reinforcement has been determined, it is clear that there is little teaching value in rates as low as those frequently found in our classrooms. Given the demonstrated effectiveness of social reinforcement for teaching a wide range of academic and behavioral skills, and the fact that it generally occurs at such low rates in classroom settings, it is clear that greatly increased emphasis needs to be placed on this underutilized classroom intervention.

System to Ensure High Rates of Tangible Reinforcement

For students with severe emotional and behavioral problems, social reinforcers are often inadequate to produce the necessary motivation to support learning and behavioral change. As a result, most classrooms for this population have initiated some form of point or token system. In these classroom management systems, points or "tokens" are delivered immediately following the occurrence of a desired student behavior (generally paired with social reinforcement) and exchanged later by the student to obtain specified privileges, activities, or items. In addition, many such systems utilize response cost procedures, in which points or tokens are removed contingent on the occurrence of specified undesired behaviors. Point and token systems have been widely used for over 20 years; they have been shown to be effective in improving a wide range of both academic and social behaviors (Kazdin, 1977, 1980; Kazdin & Bootzin, 1972); and the development, implementation, and evaluation of such systems continues to be an important topic of concern in the literature today (Algozzine, 1990; Barbetta, 1990; Walker & Shea, 1991). While such systems are widely used, there remain important questions about both their effectiveness as practiced (Smith & Farrell, 1993) and the potential for the implementation of response cost systems to become overtly coercive in nature (Knitzer et al., 1990; Shores, Gunter, & Jack, 1993; Steinberg & Knitzer, 1992). It should be remembered that, while point or token systems are an important component of an overall classroom program, they are only one component of many and, implemented in isolation from other parts of an overall system, their effectiveness is limited and their potential for abuse is increased.

A Repertoire of Teacher Responses to Address Mild Disruptive Behavior

Nearly every program or intervention for dealing with the seriously aggressive behavior of students with emotional and behavioral problems stresses the fact that aggressive behavior generally occurs relatively late in a long chain of behaviors. As such, much time and energy has been devoted to studying teacher behaviors that can effectively deal with mildly disruptive student behavior. Most often emphasized are combinations of praise for desirable behavior and ignoring of undesired behavior. Examples of such procedures include Differential Reinforcement of Incompatible (DRI), Alternative (DRA), Omission (DRO), and Low Rates (DRL) of Behavior (Council for Children with Behavioral Disorders, 1990). Other procedures that have been found to be effective in reducing mild disruptive behavior include teacher movement and proximity, redirection, verbal prompts, specific instructions, and reprimands (Council for Children with Behavioral Disorders, 1990; Evans & Meyer, 1985; Good & Brophy, 1987; LaVigna & Donnellan, 1986; Meyer & Evans, 1989; Paine, Radicchi, Rosellini, Deutchman, & Darch, 1983).

There are two goals in ensuring high implementation rates of these "preventive" procedures: (a) to keep minor problems from escalating into major ones and (b) to keep teachers from relying too quickly and too frequently on more negative or "coercive" procedures. It must also be noted that, for most teachers in most circumstances, these procedures will not occur naturally in response to student misbehavior. They will need to be taught and systematically practiced until they become an automatic part of the teacher's repertoire.

Point and token systems have been widely used for over 20 years; they have been shown to be effective in improving a wide range of both academic and social behaviors

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Regardless of how well an overall program is implemented, students with severe emotional and behavioral problems will still occasionally engage in aggressive and/or dangerous behaviors.

A Systematic Program for Dealing with Escalating, Severe, and/or Dangerous Student Behavior

Regardless of how well an overall program is implemented, students with severe emotional and behavioral problems will still occasionally engage in aggressive and/or dangerous behaviors. A frequently used intervention in such situations is timeout, a procedure in which access to reinforcement is removed for a specified time period contingent upon the emission of an undesired response. This is typically accomplished by removing the student from the environment, but may also involve removing reinforcing aspects of the environment from the student. While timeout has been shown to effectively reduce the frequency of a range of disruptive and aggressive behaviors (Council for Children with Behavioral Disorders, 1990; Harris, 1985; Solnick, Rincover, & Peterson, 1977), misuse or overreliance on the procedure can produce a range of problems (Nelson & Rutherford, 1983; Sulzer-Azaroff & Mayer, 1986). For those rare occurrences when aggressive behavior becomes clearly dangerous to the students and/or staff, a comprehensive program must also include a crisis intervention component. In such situations, the focus moves from treatment to safety and all staff must be adequately trained and competent in implementing some form of crisis intervention and/or passive physical restraint (Budlong, Holden, & Mooney, 1991; Wyka & Gabriel, 1983). The danger here is that, while such training and expertise are necessary components of an effective program, there is a strong tendency for the focus of all discussions regarding how to effectively address aggressive and disruptive behavior to turn into discussions of crises. Even when dealing with the most severe behavioral problems, we must never forget that the best crisis program is one that prevents a crisis from ever occurring, and for that we must concentrate efforts on the remaining nine program components.

Frequent and Structured Opportunities to Interact with Peers

One of the defining characteristics of students with emotional and behavioral problems is their poor relationships with peers (Epstein, Kauffman, & Cullinan, 1985; Kauffman, 1989). To successfully address such problems, students must be presented with a range of structured, developmentally appropriate opportunities to learn and practice new social interactional skills. Unfortunately, as Steinberg and Knitzer (1992) point out, in an attempt to minimize the likelihood of undesirable or aggressive behavior, classrooms for these students are often structured to isolate them from one another as much as possible, with classroom rules that prohibit interaction among students for much of each school day. Clearly, such programs are not designed to remediate the problems these students have with peer interactions and, in fact, may have inadvertently created environments where such problems will be exacerbated.

To successfully address social interactional problems, the classroom environment must target these skills directly and reinforce them throughout the day, provide highly structured opportunities to practice and sharpen the skills, and provide less structured opportunities to test for application of the new skills in more "natural" school tasks and settings. The highly structured teaching activities can include such academic interventions as cooperative learning (Slavin, 1983) and peer tutoring (Cooke et al., 1983; Greenwood et al., 1988; Maheady et al., 1991), which provide specific roles for students to play. They can also include any of the

range of peer-mediated interventions (Mathur & Rutherford, 1991; Odom & Strain, 1984); group-oriented contingencies (Litow & Pumroy, 1975; Reitz, Gable, & Trout, 1984); and group social skill (Goldstein, Sprafkin, Gershaw, & Klein, 1980; McGinnis & Goldstein, 1984), problem-solving (Goldstein, 1988; Shure, 1993), anger management (Feindler & Ecton, 1986; Goldstein & Glick, 1987), and other emotional education and coping skills programs (Marganett, 1990; Vernon, 1989). Finally, there are several comprehensive, group process programs (Hobbs, 1982; Reitz et al., 1984; Vorrath & Brendtro, 1974) that structure and integrate group activities and interaction into nearly every aspect of the school day. It should be noted here that, while some opportunity for relatively unstructured peer interaction should be available for all students, systematic training in peer interaction skills can only be delivered within the context of some form of structured group activity.

Individualized Treatment Interventions

The classroom components described above, no matter how well implemented, will not be effective for every target behavior or every student. Each student brings with them a unique learning history, a unique set of behavioral and academic skills and deficits, and a unique response to the classroom setting. As such, a comprehensive classroom program must have the capability to provide treatment interventions that are carefully constructed to meet each student's unique needs. Without such a capability, and when confronted with behavioral issues that have been resistant to general classroom procedures, there is a strong tendency for programs to rely more and more on punishing consequences and become increasingly coercive.

Designing effective individualized programs is primarily a process a functional analysis; that is, the " . . . process of identifying functional relationships between environmental events and the occurrence and nonoccurrence of a target behavior" (Dunlap et al., 1993, p. 275). This process is described in detail by Carr, Robinson, and Palumbo (1990), Dunlap et al. (1993), and O'Neill, Horner, Albin, Storey, and Sprague (1990). Once such a functional analysis is completed and the relevant environmental relationships are identified, the information can be utilized to design and implement individualized programs that are effective with a wide range of problematic behaviors (Carr & Durand, 1985; Dunlap, Kern-Dunlap, Clarke, & Robbins, 1991; Lennox & Miltenberger, 1989; Repp, Felce, & Barton, 1988).

A range of other individualized interventions may also be effective as adjuncts to the overall classroom program. These can include behavioral contracting (DeRisi & Butz, 1975; Homme, Csanyi, Gonzales, & Rechs, 1970); self- (Nelson, Smith, Young, & Dodd, 1991) and peer- (Mathur & Rutherford, 1991; Odom & Strain, 1984) mediated interventions; programs to teach anger management (Feindler & Ecton, 1986; Goldstein & Glick, 1987), interpersonal problem solving (Goldstein, 1988; Shure, 1993), social skills (Goldstein et al., 1980; McGinnis & Goldstein, 1984), and school survival skills (Foley & Epstein, 1993; Zigmond, Kerr, Schaeffer, Brown, & Farra, 1986); medication (Gadow, 1986; Wiener, 1985); and specialized counseling (Kanfer & Goldstein, 1991) The commitment to individualize treatment when necessary is central to obtaining successful outcomes, particularly for students with more serious problems.

A comprehensive classroom program must have the capability to provide treatment interventions that are carefully constructed to meet each student's unique needs.

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The goal of special programming for all, or nearly all, students with emotional and behavioral problems is to teach them the academic, social, and behavioral skills needed to be successful in general education classes and programs.

Parent and Community Involvement

While the range of difficulty may vary widely, students who have severe emotional and behavioral problems do not typically experience those problems only in the school environment. The adult and peer relationship, problem solving, anger management, and other emotional and behavioral problems are issues not just during the 6 hours of the school day, but 24 hours per day. Successful treatment of these problems requires, not just an excellent classroom program, but an ecological approach (Hobbs, 1982) that addresses students' issues wherever they arise, including at home and in the community.

Traditionally, work with parents has been accomplished in the form of parent training programs (Clark, 1985; Forehand & McMahon, 1981), which focus on teaching parents many of the communication, problem solving, and behavior management techniques that have proven effective in the classroom setting. More recently, there has been a shift in philosophy toward working with parents in a more collaborative fashion (Dunst, Trivette, & Deal, 1988; Friesen & Koroloff, 1990; Reitz & Kerr, 1991; Timm, 1993), illustrating the often stated, but rarely acted upon, belief that parents are, after all, the people who know their children best. Such a shift involves parents more intimately in the planning, implementation, and evaluation of the overall program for their child. This always includes, at a minimum, a greatly increased flow of information between the home and school, and may include parent participation at the school and in the classroom (Timm, 1993), parent support programs (Seitz, Rosenbaum, & Apfel, 1985; Tracy & Whittaker, 1987), in-home treatment for the family (Kinney, Haapala, Booth, & Leavitt, 1988; Nelson, Landsman, & Deutelbaum, 1990), as well as the more traditional parent training and education programs.

A truly ecological approach to programming for these students will also involve the schools and school personnel with other community agencies and people. The most successful programs will be those that foster cooperative working relationships with other service providers (e.g., mental health, child welfare, juvenile justice, health), community programs (e.g., those providing cultural, recreational, educational, counseling, and employment programs), and individuals in the community, who may serve as volunteers, mentors, or in other designated roles. This open, cooperative involvement in and with the community has not been typical of schools to date (Reitz & Kerr, 1991) but will be necessary to provide the range of services, supports, and learning experiences needed to work successfully with students who have severe emotional and behavioral problems and their families.

A Systematic Process for Return to Public School Programs and Classes

The goal of special programming for all, or nearly all, students with emotional and behavioral problems is to teach them the academic, social, and behavioral skills needed to be successful in general education classes and programs. That is, the ultimate evaluation of a special classroom program is not how well the students do while participating in the special program, though that is important, but how well they perform when they return to general education classes and programs (Grosenick et al., 1991). Unfortunately, as we well know, the skills and behaviors learned in a special setting do not automatically generalize to other environments (Goldstein, 1988; Stokes & Baer, 1977) and many stu-

dents who function successfully in special classes remain unable to do so in general education settings.

Thus, for a special classroom program like the one described above to be ultimately successful, it must include a systematic program for helping students make the transition back to more typical school environments (Reitz, Boley, & Kriegish, 1988). While transition programming can take many forms, successful programs include at least the following components. First, staff must conduct an assessment of the academic, study, and behavioral skills needed for the student to function in the discharge environment(s). This step should include actual classroom observations (Greenwood, Carta, & Atwater, 1991; Greenwood, Delquadri, Stanley, Terry, & Hall, 1985), as well as interviews and/or questionnaires (Kerr & Zigmond, 1986; Myles & Simpson, 1992; Walker & Rankin, 1983) completed with the receiving classroom teacher(s). Recognizing that different teachers and classes will have varying skill requirements and expectations, the assessment should include data from all classes a student will likely attend (including gym, art, and vocational classes), as well as from non-academic activities like homeroom, study hall, lunch, and movement from class to class. Second, once the critical skills have been identified, the special class must be adapted to effectively teach and practice the needed skills in circumstances that approximate the discharge environment(s). This can be accomplished by modifying the conditions in the existing special class or by providing an environment specially designed for this purpose (Reitz et al., 1988). Third, needed adaptations must then be made in the general education environment. Such adaptations may be required in both academic and behavioral areas. In the academic area, students may require such adaptations as special or augmented curriculum materials, tape recording classroom lectures and discussions, note-taking aides, a peer or adult tutor, carefully supervised study periods, and modified examination procedures. In the behavioral area, students may require the continuation of some of the more effective and less intrusive interventions from the special class environment, modifications in the school's typical responses to student misbehavior, the training of a "peer buddy" to help facilitate the student's social integration, and special training for teachers in de-escalating potential crisis situations. Fourth, the student needs structured and carefully monitored opportunities to practice in the general education environment. A gradual reintroduction into general education programming allows the student to practice new skills in the settings in which they will need to be performed and provides an opportunity for staff to assess the adequacy of the student's skills for the new environment, all without the risk of an immediate failed placement should problems arise. Finally, there must be continued monitoring of student progress following discharge from the special program to ensure that the recently learned behaviors are being maintained and that new, unanticipated problems are detected and addressed.

SUMMARY

As stated earlier, the components of the comprehensive classroom-based program described here are characterized by an "educative" approach, which emphasizes providing students with structured opportunities to learn and practice new social, behavioral, and academic skills that will enable them to function more successfully in school and other settings. This "educative" approach is based on the assumption that, regardless of the etiologies of these students' difficulties, most of their emotional and behavioral problems result from the

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fact that they lack critical interpersonal and coping skills. Given such an understanding, the practitioner's task is to set about designing classroom environments that will be effective in teaching the needed skills. Such an approach is in direct contrast to the control oriented approach identified by Knitzer and her colleagues (Knitzer et al., 1990; Steinberg & Knitzer, 1992), which seems based on the underlying dual assumptions that (a) students already have most or all of the skills they need to function effectively but lack the motivation to use them and (b) that coercive and punishment procedures are the most efficient and/or effective ways to increase motivation.

Each of the ten program components described above has significant empirical support; that is, they have been demonstrated to be effective in teaching students a range of targeted social, behavioral and academic skills. However, it must be pointed out that there remains a lack of outcome data on the long term effects of such interventions, both when they are implemented singly and when they are implemented as components of more comprehensive systems like the one proposed here (Grosenick et al., 1991; Smith & Farrell, 1993). This lack of definitive outcome studies is not a reason to slow the process of implementing programs that are based on current "best practice," such as the comprehensive program described here. It does require, however, that evaluative, outcome research of these programs must be a high priority in the coming years.

SHIFTING FROM CONTROL-ORIENTED TO EDUCATIVE PROGRAMMING

In their national survey of classrooms for students with emotional and behavioral disorders, Knitzer and her colleagues (Knitzer et al., 1990; Steinberg & Knitzer, 1992) cited a range of problem areas including the lack of: (a) developmentally appropriate and effective behavior management systems, (b) emphasis on academics, (c) integrated mental health services, (d) opportunities for student interaction with one another, and (e) parent involvement. Their summary of the problem is that, as a system, we have come to overrely on the "curriculum of control" when programming for this difficult population of students. The solution to this problem is to move from classrooms dominated by an emphasis on controlling behavior to classrooms that provide comprehensive "educative" programs designed to teach students the needed academic and behavioral skills—programs like the one described above.

Unfortunately, such a shift, like many efforts at school reform, will be very difficult to make (Cuban, 1990; Englert, Tarrant, & Rozendal, 1993; House, 1981; Woodward, 1993). This is true not only because educational practices generally change slowly anyway (Cuban, 1990; Fullan, 1991), but because the orientation toward control is not just peculiar to programs for students with emotional and behavioral problems, it is endemic to the entire educational system (and probably the culture as a whole). As Colvin et al. (1993) state:

> Perhaps the most profound and undisputed assumption in managing behavior problems in general education is that punishment will change behavior. To manage behavior, school discipline plans typically rely on reprimands, penalties, loss of privileges, detention, suspension, corporal punishment, and expulsion (p.23).

This often unstated but powerful bias toward control and punishment in the management of students with behavioral problems will be very difficult

to change for at least three important reasons: (a) every teacher and administrator brings with them to the job a long history (16 years or more as a student, as well as their years of teaching and administrative experience) of involvement with how the educational system deals with problem behavior; (b) even though they may not have liked the way in which problem behaviors have been addressed, these teachers and administrators have obviously been successful in negotiating their way through these control oriented environments (that is, it has worked for them); and (c) such "training" is very difficult to overcome, particularly when confronted with the seemingly intractable problems presented by students with emotional and behavioral problems (and most certainly in the absence of training in other effective procedures).

Effectively implementing an "educative" classroom-based program within a control oriented system (and culture) and with staff trained for years (as students, teachers, and administrators) in the use of control oriented procedures will be an extremely difficult task, even under the best of circumstances. This is true because the shift from control-oriented to educative programming is not merely a minor change in emphasis and does not result from the implementation of a few new techniques or procedures. It is a major shift in program philosophy that will significantly affect nearly every facet of services for students with emotional and behavioral problems. The following steps, based on the author's personal experiences, and on research and practice in the general arena of school reform, are suggested as illustrative of the manner in which "educative" programming can be most effectively introduced into individual classrooms, schools, and systems.

Preconditions

Because of the scope of the changes that a shift from control-oriented to educative programming will entail, it is unlikely that school personnel will maintain their commitment to change unless there is significant dissatisfaction with current programming and widespread agreement that change is necessary. That is, all the people involved (i.e., teachers, supervisors, administrators, parents) need to be motivated to engage in the change process. Many change efforts fail early in the process either because teachers and supervisors are committed to change but administrators are not or because administrators are dissatisfied and initiate a change process without the involvement and support of the teachers. It is also important to ensure that all the involved parties agree on the ultimate goals of the program changes. Educative programs are by definition oriented toward teaching skills that will enable students to maximize their time in general education environments. Failure of one or more parties to commit to that goal will greatly hinder progress in implementation.

Initial Training

Before any attempts are made to implement programmatic changes it is essential to provide all involved parties (i.e., teachers, supervisors, administrators, parents) with a thorough understanding of the nature of the changes that are likely to occur. This includes, at a minimum, (a) explicit training on the differences between control-oriented and educative approaches, including specific examples of changes that will need to occur and their potential impact; (b) an overview of the core program components of an educative approach (as outlined above); (c) specific examples of the kinds of problems that are likely to arise during the change process; and (d) a description of how

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the change process will occur, including discussion of how all the parties involved will be collaborating in the decision-making and implementation processes. The final step in this initial stage is to ensure that all parties remain committed to the change process as it has been outlined and to deal with any questions or issues that have arisen as the result of actions taken to this point.

Implementation

The first step in the implementation process is to identify a core group of staff, representing all the parties involved, that will be responsible for leading the change process. This group will become the school's (or system's) experts and will be responsible for planning and decision-making regarding all aspects of the change process. This collaborative approach is essential to ensuring the long-term viability of program innovations (Englert et al., 1993; Woodward, 1993). The remainder of the implementation steps are based on recommendations made by Joyce and Showers (1988), Maheady, Harper, Mallette, and Karnes (1993), and Showers (1990). They include specific training on the various components of the innovation, implementing the innovation in manageable steps, provision of ample opportunities for practice in actual classroom settings, and ongoing supervision and dialogue with "experts" throughout the entire change process. In implementing the comprehensive program described in this paper, this process entails (a) deciding on an implementation timetable for the various program components; (b) providing a series of sequential workshops on the various program components as they are to be implemented; (c) ensuring extensive teacher opportunities to practice the new skills in their classroom settings; and (d) providing ongoing feedback, dialogue, and assistance for teachers as they attempt to adapt their teaching practices.

Maintenance

The successful implementation of a comprehensive program like the one described requires a minimum of two to three years. During the later stages of the implementation process, it is necessary to begin shifting the focus from innovation to long term maintenance. There are at least four elements essential to the long-term maintenance of such innovative programs. First, there must be a long-term administrative commitment to and continued administrative involvement with the program. None of the other elements essential for long-term program maintenance (see below) can be achieved without an ongoing administrative commitment to the program. Second, the program must provide ongoing training and development opportunities for staff, as well as a peer mentoring and training program to ensure that new teachers entering the program are quickly trained in the program's values and model. Third, there must be a consistent and ongoing evaluation of the staff's implementation of the various program components, as well as of the student outcomes produced. This evaluation information will drive program training targets as well as suggest additions and/or modifications to the overall program model. Finally, there must exist a willingness to continually adapt and refine the program's various elements, based on the needs of the students and staff. The core group of staff who initially directed the program changes, or a similar group, should be the focal point for these efforts. Programs that are not continually working to refine and improve their services will inevitably find themselves losing enthusiasm for the task and, ultimately, compromising their outcomes.

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CONCLUSION

The literature is replete with studies of effective techniques for teaching students with emotional and behavioral problems critical academic, behavioral, and coping skills. Unfortunately, Knitzer's survey (Knitzer et al., 1990; Steinberg & Knitzer, 1992) of actual educational practice indicates that few of these procedures are in systematic use in the nation's schools. In an attempt to help remedy this situation, the present paper provides information in two areas. First, it proposes a comprehensive, classroom-based, model program for serving students with emotional and behavioral problems. While the model's ten program components each have significant empirical support, they should be viewed, not as an immutable standard, but as a starting point for program development based on the current "state-of-the-art." Second, the paper addresses the issue of how to overcome the barriers to implementation of such comprehensive programs and services. The implementation problem is characterized as one of moving from "control-oriented" programs and methods to more "educative" programs—programs that emphasize teaching students needed academic, interpersonal, and coping skills as opposed to simply controlling or eliminating their inappropriate behaviors. Such a shift will be extremely difficult to make, however, as our schools (and culture) are firmly entrenched in control-oriented approaches, particularly with this most difficult population of students. A process, similar to those proposed by many authors for more general school reform initiatives, is then described for achieving a successful transition to an educative program model.

The challenge is for the field to make the shift from control-oriented to educative classroom programming. To do so will require that all those involved (teachers, administrators, parents, trainers, and researchers) devote significantly more time and energy to ensuring that "best practices" are actually implemented in our classrooms. Such an effort, combined with the rigorous evaluation of student outcomes, will enable us to make significant improvements in the quality and effectiveness of our work with these most challenging students.

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The Characteristics and Needs of Inner City Pupils: Implications for Teachers of the Behaviorally Disordered

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Reprinted from R. B. Rutherford, C. M. Nelson, & S. R. Forness (Eds.), *Bases of severe behavioral disorders in children and youth*, 1987, pp. 355-380. Boston, MA: College Hill Press.

Urban programs serving behaviorally disordered (BD) students report frequent frustration in trying to locate, recruit, train, and employ professionals with a commitment to teach BD students from economically poor, inner city areas. Many such educational programs must provide certified personnel with extensive training on the job, and they experience high staff turnover rates relative to staff serving the suburban or rural BD student population. Job dropouts are problematic to the students, to the teacher who is leaving, to the rest of the program staff, and to the professionals responsible for program administration. Watching teachers leave, sometimes in midyear and sometimes at the students' own provocation, is particularly destructive for BD students. The precedent set when an adult can be "forced out" by students must be countered by replacement staff, a difficult job.

The work of Long, Morse, and Newman (1979) in Washington, D.C., and of Goldstein and Glick (1987) in New York has specifically addressed the urban child from poverty areas. Otherwise, the programs that have contributed much to the field and are described in the literature typically have served BD students from mixed cultural backgrounds. These programs include the Rutland Center (Beardsley, 1977); the ReED schools (Hobbs, 1966); Division TEACCH (Treatment and Education of Autistic and Communication Handicapped Children and Adults) (Marcus, Semrau, & Schopler, 1977); the Severe Personal Adjustment Project (Simpson, 1977); the Child Center (Spence, 1977); and Oregon's CORBEH (Center at Oregon for Research in the Behavioral Education of the Handicapped) (Walker, 1977).

Historically, inner city BD students have been served in programs for other BD students with no special provisions for their unique characteristics and needs.

Historically, inner city BD students have been served in programs for other BD students with no special provisions for their unique characteristics and needs. Long-term poverty and discrimination affect inner city students' views of themselves and the world. Behaviors that are functional in the inner city often conflict with majority expectations. Differences in cognitive functioning as well as in achievement have been demonstrated for various minority groups. All of these factors indicate the need for educational consideration and adaptations. In addition, a subculture with social characteristics that differ from the majority culture would seem to require different ecological interventions performed on the student's behalf. Staff serving inner city students have not typically been provided with information or training concerning the special characteristics and needs of this subgroup of the BD population. It is likely that the introduction of multicultural content regarding inner city BD students would improve their special education programs and the training of the teachers who serve them.

Adequate training and programming in special education can spring only from a knowledge of the research and literature relevant to the characteristics and needs of the students. Specific information relevant to BD pupils from the inner city is sparse, but some related literature is emerging. The initial sections of this chapter will summarize the literature addressing the espoused needs of inner city students in general and the implications for curriculum and instruction of inner city BD students specifically. The following sections will discuss relevant information about teacher attitudes and behavior, as well as teacher preparation. The chapter will conclude with recommendations regarding the instruction of BD students from the inner city.

INNER CITY STUDENTS

It is commonly accepted, and occasionally empirically demonstrated, that culturally different students can benefit from adaptations in curriculum or teaching style (Banks, 1981; Hale, 1982; Lee, 1980). Differences in cognitive functioning, achievement, assessment, language, perception, self-concept, motivation, attribution, modeling, behavior, and discipline have all been considered. Representative studies and positions that are relevant to the plight of the inner city BD students are summarized in the following paragraph. Black students are almost invariably the subjects of the studies reported. Even though the children of other disadvantaged groups are also prevalent in the inner city, little specific information is available on many of them. For example, Wagner (1977) points out the need for more specific subcultural knowledge by educators teaching urban Appalachian students.

Black students comprise a large portion of the inner city school population, and therefore are an appropriate group for inner city educators to study. As Ball (1976) points out, when compared with majority students, Black students are

- Three times as likely to come from a broken home;
- Twenty percent more likely to have an unemployed head of household;
- Probably living in substandard neighborhoods, which are seldom physically maintained;
- Supported by parents who earn only 63 percent as much salary as white parents, but whose cost of living is 27 percent higher.

Hoover (1978) adds that their parents are seven times as likely to be functionally illiterate, based on illiteracy rates of 42 percent in Black adults

and 6 percent in white adults. The social and educational legacy of past neglect is staggering.

Assessment

Many authors have dealt with test bias in the standardized testing of Black students, the mismatch of tests to students' culture and language, the questionable predictive value of tests used with minorities, and the consequences of low test scores (Grill & Bartel, 1977; Goff & Montague, 1980; Kazalunas, 1979; Lambert, 1981; Madden, 1980; Oakland, 1978; Reschly, 1980; Reynolds, 1979). Legal review has corroborated this concern about the misuse of tests with minority children. In *Larry P. v. Wilson Riles* (1979), the court considered evidence regarding the presence or absence of cultural bias in tests and concluded that the weight of evidence for bias was the strongest.

One factor that may cause racial bias in testing is the test anxiety of minority students. Clawson (1981) found test anxiety higher in Black than majority junior high school students, and cited evidence that anxiety contributes to lower standardized test scores. McPhail (1979) reviewed literature indicating that many disadvantaged minority students lack the test sophistication needed to score well on standardized tests; he suggested that students be specifically taught how to take tests. Bridgeman and Buttram (1975) studied race differences on nonverbal analogy test performance as a function of verbal strategy training; their findings suggest that a significant portion of observed performance differences between Black and majority students may be attributable to Blacks' low spontaneous use of an efficient verbal strategy. One study found that Black second graders instructed in test-taking techniques performed significantly higher on the Stanford Achievement Test than control students (Kalechstein, 1981). This suggests that helping students become more test wise should be a curriculum goal with minority students. The race of the examiner is also a likely factor in lower scores of Black students. Gantt (1975) found that Black adult or Black peer testers obtained significantly more words from Black students than did white testers when testing oral language usage skills.

All of the possible testing biases are particularly cogent when one is assessing culturally different children with learning and/or behavior disorders (Bennett, 1981). As several authors concluded after reviewing the issues in assessment bias and the current status of our attempts for nonbiased assessment, "The problem of bias in assessment will not be resolved until educators can operationally specify the criteria to be used in decision making" (Duffey, Salvia, Tucker, & Ysseldyke, 1981, p. 433).

Cognitive Functioning

Given bias in assessment, it is nevertheless clear that developmental differences across cultures indicate needs for curricular adaptations (e.g., Hilliard, 1980; Wagner & Stevens, 1982). Several authors have pointed out cultural effects on a child's ability to view, analyze, interpret, sequence, and synthesize learning tasks (e.g., Deutsch & Brown, 1964; Mosley & Spicker, 1975; Stodolsky & Lesser, 1967). IQ has been a frequent, although disputed, measure of differences in cognitive development. Kent and Ruiz (1979), in a study correlating mean IQs and mean grade equivalents in reading, found that IQ predicted achievement best for Anglos, fairly well for Blacks, but not at all well for Chicanos. The results of the study comparing the Weschler Intelligence Scale for Children (WISC) subtest scores of Black and white students matched for sex and full-scale IQ contradicted those of previous studies. Black males scored significantly higher on the informa-

Developmental differences across cultures indicate needs for curricular adaptations.

One subject of continuing importance has been the effect of language differences on minority children's development.

tion subtest and generally higher in verbal IQ than white males (Vance, Hankins, & McGee, 1979). The IQ performance of Blacks may be changing. Kamin (1978) looked at developmental data that have been used to predict cumulative deficit in IQ for low socioeconomic status Black children as they grow older and suggested an alternative interpretation. He cited recent studies reporting that young children scored higher than their older siblings tested at the same age, and suggested that this may reflect social and educational changes in recent years than enhance intellectual growth.

Achievement

Kachuck (1978) examined the literature on Black students' reading problems and concluded that the research questions asked have been unsatisfactory in providing answers. The relationship of academic achievement levels to socioeconomic status, race, and cultural alienation has also been studied (e.g., Fisher, 1981), making it clear that low-income Black students score lower than majority students on most tests of academic achievement. Rouse (1980) suggests that learned helplessness and depression may account for the lower academic performance of minority and poverty background children compared with middle-class Americans. Others have pointed to the low self-concept of low-income minority pupils. For example, Burbach and Bridgeman (1976) found racial differences in fifth graders' reported self-attitudes. It is not difficult to understand self-concept problems in the face of a cultural history of racial bigotry with continuing reminders (Abrams, 1975). Investigating the perceptual concomitants of urban grade schoolers' racial attitudes, Katz, Sohn, and Zalk (1975) found that highly prejudiced children accentuated race-related cues in pictures, while non-race-related cues were less salient to them.

Language

One subject of continuing importance has been the effect of language differences on minority children's development. Somervill (1975) and Harber and Bryen (1976) reviewed the literature examining the effect of Black English and negative teacher attitudes toward dialect on reading achievement; they concluded that few solutions to the problem had been investigated. Studies since then have shed little light on the subject. One later study reported that Black ninth graders scored higher on a Black dialect reading test than on the same test in standard English form (Thurmond, 1977). Harber (1977) administered equivalent forms of listening comprehension, oral reading, and oral reading comprehension task to Black inner city children. One form was in standard English, the second in Black English with standard orthography, and the third in Black English with nonstandard orthography. On both types of reading tasks, students scored lowest in Black English with nonstandard orthography and highest on Black English with standard orthography.

Shields (1979) studied Black third graders in Washington, D.C., and found that the production of certain Black English and standard English features were minimally associated with students' oral reading, silent reading, and listening comprehension levels. Lass (1980) found no relationship between the use of Black English and subjects' reading performance or grade level. However, Knott (1979) described techniques for determining lexical meanings and relational structures that reportedly can improve the reading performance of Black disabled readers. Groff (1978) looked at children's spelling of Black English features and concluded that only a few of the 43 features of Black English dialect influence the way Black fourth through

sixth graders spell words. Clear conclusions are yet to be reached.

Motivation

The presence or absence of motivational differences in minority students has been a subject of interest to some investigators. Banks (1977) found no differences between Black and white students' intrinsic orientations to achievement. Farley and Sewell (1975) investigated the differences between delinquent and nondelinquent Black adolescents in achievement motivation and attribution of causation and obtained results that did not support the view of Black adolescent delinquents as more external in perceived locus of control than Black nondelinquents. Ruhland and Feld (1977) investigated the achievement motivation of 197 Black and white elementary aged children, comparing it for both social comparison and autonomous achievement. Social comparison was measured by the likelihood a child would choose a task presented as moderately difficult for his age mates. Autonomous achievement was measured by the number of tasks that the child chose to repeat that had earlier been moderately difficult for him/her. Black and white children were similar in levels of autonomous achievement motivation, but Blacks were lower in social comparison achievement motivation.

Looking at Black college students' perceptions of the causes of success and failure, Murray and Mednick (1975) found that both high and low achievement motivation males related outcome to luck. High achievement women related outcome to luck, ability, and effort; low achievement women attributed outcome to task difficulty. We have no knowledge of whether these attributions reflect those of younger inner-city students. However, the data appear to suggest that a prime curricular target for Black students with learning and behavior disorders might be teaching them the relationship of their own behavior to the consequences that follow, and teaching new behaviors with numerous generalization strategies. One would then hope that those relationships do in fact hold, reinforcing productive behavior, after their entry into the adult world. This curricular aim might well be a target for all BD pupils, but a significant difference exists for Black students who may face the behaviorally noncontingent punishment of racial discrimination. Teaching Black students to differentiate consequences based on others' prejudice from those arising from the student's own behavior may be an aid to their maintenance of new skills.

Behavior and Discipline

Issues relating to discipline with Black students frequently have been of concern to educators. Without the benefit of data comparing specific behavioral infractions of Black students with those of majority students, it is difficult to interpret completely the disproportionate use of suspension with Blacks. Suspension is used two to three times as often with Black students, although it deprives students of access to education and does little to change behavior (Children's Defense Fund, 1975; Cottle, 1975; Kaeser, 1979). In addition, Osborne (1977) found that suspended students were more likely to be low achievers, whether they are white or Black.

Sweeting, Willower, and Helsel (1978) looked at students' school attitudes and their preferences for different styles of teacher control. Although individual Black pupils' preferences for teacher behavior ranged from "humanistic" to "custodial," their attitudes toward teachers and schools were more positive if their perceptions of teachers' actual behavior approximated their concept of ideal teacher behavior. Counter to

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the authors' expectations, pupils generally preferred more custodial teacher control than they believed their teachers exhibited. A possible interpretation is that these 834 fourth graders preferred more classroom structure than they were receiving, and that student preference is likely to be relative to the student's current school context.

The impact of variations in life-styles and educational milieu on students' learning experiences is incontrovertible.

Johnson (1980) and Foster (1986) describe some disruptive "games" Black students play that may lead to fights, probably in an attempt to gain peer status; both authors suggest that teacher recognition of the games and skillful termination of their sequence can prevent or eliminate some discipline problems. Foster's (1986) book, based on his years of experience in New York's 600 schools, is a rich resource for teachers in training who will work with similar populations. Tate (1977) suggests that "ribbing, jiving, and playing the dozens," as well as the use of nonstandard English, derive from social settings and socioeconomic conditions rather than race. It is likely that teacher behaviors effective with inner city Black students would be effective with other low-income urban students as well.

Role Models

Black and white students have been found to choose different role models (Oberle, 1974), and the role models selected differ for rural versus urban Black students (Oberle, Stowers, & Falk, 1978). Bridgeman and Burbach (1976) looked at the effects of Black versus white peer models on the academic expectations and performance of fifth graders. They found that Black males observing a videotape in which Black students succeeded scored higher on a similar task than Black males who observed white students succeed. No differences were found for Black females or for white students of either sex. Having competent Black models for Black students is important.

INSTRUCTION OF INNER CITY STUDENTS

The impact of variations in life-styles and educational milieu on students' learning experiences is incontrovertible. Williams (1981) discusses several strategies for incorporating subcultural variations in curriculum and teaching methods, which arise from his observations in Pittsburgh ghetto schools. Some of the strategies proposed in the literature as educational adaptations are discussed below.

Curricular Implications

Jackson (1981) suggests that teachers instructing disadvantaged Black students in reading should understand the potential for different interpretations of written materials and should use the children's own language for beginning instruction. Lipscomb (1978) confirms that Black students can learn the principles of written language through continued exposure, given well-chosen objectives, materials, and strategies, and a constructive classroom environment.

The value of Black studies, which strives "to convey the struggle in which Black people have been engaged against European colonialism throughout history" (Hale, 1982), has been emphasized in the past two decades (Turner, 1971). There may be some need to study the effects of Black studies and the processes by which they are taught. Carey and Allen (1977) investigated the impact of Black studies on the self-concept and achievement of Black students, and found no statistical evidence they were of benefit. It is this writer's belief that Black history and the contributions of Blacks in all fields of study should be integrated into the total curriculum for all students.

One good source of information about curriculum for Black students is the library books they choose to read and the stories they request. Mosley and

Spicker (1975) reported that Black students are interested in the contributions of Black people to the American heritage. They were also found to be more interested in books with reality-oriented adventure themes in realistic settings, whereas white students were more likely to choose fantasy. Black pupils chose themes in which people and animals overcome the problems of everyday life, perhaps reflecting survival as a dominant cultural value in Black America.

Instructional Methods

Behavioral techniques are an obvious component in educational programming for inner city students. As Turner and Jones (1982) point out, many of the early behavioral modification studies were performed with and to the benefit of Black populations. One study relevant to programming for inner city students was performed by Fantuzzo and Clement (1981) with 10 behavior problem students, all from low-income Black families. The teacher administered reinforcement to only one of the 10 students, but was observed by all. The observed reinforcement of one child increased attending behavior for the 9 students observing and even generalized to increase other related behaviors for all 10.

After investigating the social and emotional needs of culturally diverse children, several authors have suggested such approaches as

- Cooperative goal structures in the classroom, rather than norm-referenced competition (Henderson, 1980; Johnson & Johnson, 1983);
- Teaching cognitively oriented interpretations of success and failure experiences, rather than success-only approaches, which were found to be ultimately detrimental by Dweck (1975);
- Beginning with children's own perceptions of causation and moving toward greater self-control through application of self-regulation strategies (Burgenthal, Whalen, & Henker, 1977).

Effective School Characteristics

The national EXCEL program has concentrated much energy on improving the education available to Black students. Jesse Jackson (1978) described its concepts and ideas primarily through three maxims — equity, ethics, and the push for excellence. Hoover (1978) compared Black schools with successful instructional programs, defined as those in which students read at the expected grade level. She outlined the commonalities of these schools, most of which were public elementary schools in low-income neighborhoods, as follows:

- They are basically characterized by a new philosophy of excellence.
- They use a structured approach to reading focused on the spelling patterns of English, and most spend the entire morning on reading activities.
- They use group approaches to motivation and teaching, with audience participation such as in choral reading, group chanting, and unison responses.
- They respect individual needs within that group approach; for example, by allowing all students as much time as necessary to complete a task.
- They attempt to change value systems, building an orientation toward people rather than toward the acquisition of things.
- They have a structured approach to discipline, believing that students cannot learn if they are "climbing the walls."

Behavioral techniques are an obvious component in educational programming for inner city students.

Career and vocational education is a primary target of concern for minority students.

- Teachers are also expected to achieve; there is emphasis on teacher training and continued development.
- Administrators are highly supportive and act as the operational interpreters of school philosophy.

Education Students for Employment

Career and vocational education is a primary target of concern for minority students (Dahl, 1981). Blacks are seen as underusing vocational education services. Nichols (1980) argues that vocational education is devalued by Blacks, perceived as only appropriate for people who cannot achieve in other areas, an image that proves to be destructive for many Black students. The director of education for the National Urban League acknowledged the negative feelings of Blacks toward vocational education and stated the need for a coalition of vocational education advocates with the aim of building community support for Black participation in vocational education programs (Gibson, 1979). In a national survey, Black leaders indicated that they place primary importance on the role of vocational programs in helping students find employment; in addition, 79 percent believed that students should pass academic tests and a job performance test before graduation from a vocational program (Randolph, 1980). Nicholas (1978) explored the factors that inhibit the vocational development of Black, inner city, low-income students and presented a program model aimed at dealing with these elements. As important as career and vocational education are for minority students in general, they must be even more so for the minority handicapped (Brolin & Kokaska, 1979; Clark, 1979, 1980; Kolstoe, 1981; Mori, 1979; Sitlington, 1981).

BEHAVIOR DISORDERED MINORITY STUDENTS

When asked to estimate the incidence of retardation, learning disabilities, and behavior problems of students by sex, socioeconomic status, and race, the estimates by 223 school professionals were two to eight times higher than the literature reports (Ysseldyke, Algozzine, & Richley, 1982). Estimates were especially high for minority children, low SES children, and, to a lesser degree, males. This study demonstrates either serious stereotyping or the generally confused perspective of educators who are aware of needs but unaware of eligibility requirements for special education services. The possibility also exists that an effort to limit eligibility for special education services has led us to miss thousands who need help and are unserved in regular school programs because their learning and behavior problems are seen as less severe than those of other students.

Bryan (1978) describes a series of studies examining the socioeconomic status, social behavior, and social relationships of Black and white elementary age LD children. A significant number were experiencing problems in eliciting positive responses from others and in making friends. These problems appeared to be related to their difficulties in comprehending nonverbal communication, affective involvement, and expressive language. Social skills training may be especially important for this group; in time, many may move from LD to BD eligibility. Wright (1974) looked at reading problems and cognitive dysfunctions of 47 third-grade boys with conduct problems. Results indicated that up to 51 percent referred for behavior problems could have been identified as learning disabled. A significant relationship between race and reading performance was also found.

Are the behavior problems of Black children different from those with majority cultural backgrounds? Gajar and Hale (1982) investigated the factor structure of the Quay-Peterson Behavior Problem Checklist with 358 Black and white students identified as emotionally disturbed (ED), learning disabled (LD), or educable mentally retarded (EMR). No racial differences were found on factors previously labeled as conduct disorder, personality problem, and immaturity/inadequacy. Blacks were higher on a fourth factor described by items listed as laziness in school, irresponsibility, and dislike for school. This difference was interpreted as Black students' resistance toward expectations within a white academic environment. The difference might also be attributed to a history of low reinforcement in schools and frequent failure on school tasks. A replication of this study with students classified as ED/BD would be informative.

Rich (1977) maintains that BD students are disproportionately male, Black, and disruptive, a trend reflecting the schools' desire for conforming behavior. Kelly, Bullock, and Dykes (1977) did find that regular classroom teachers identified more than 20 percent of their students as behavior disordered, and a high proportion of these were males and Blacks. Generally, however, race has only infrequently been studied as a factor in research on BD students. Some authors have pointed out the cultural diversity of exceptional children (Bransford, Baca, and Lane, 1977; Nazzaro, 1981), but the compounded problems of inner city, low-income, learning-delayed, behavior disordered children and adolescents from a racial minority appear to have escaped the attention in literature that the social consequences of such neglect would seem to demand.

The possibility of differential effectiveness of various forms of therapeutic intervention has occurred to many professionals working with BD students. Braswell, Kendall, and Urbain (1982) compared improvement and generalization from cognitive-behavioral treatment of high and low SES groups of classroom problem children in grades 2 through 6. These authors interpreted the significant differences they found on a number of performance measures as likely to be related to initial SES group differences in verbal ability. One could conclude that reliance on largely verbal approaches with BD children low in verbal skills is ill-advised.

What intervention strategies are appropriate with this population? The first set of strategies would appear to be those demonstrated to be effective with BD students in general (Kauffman, 1985; Kerr & Nelson, 1983), with selections and adaptations indicated for minority group students. Such strategies include individualization of reinforcement schedules (Platt, Harris, & Clements, 1980), individualization of token reinforcement systems (Gable & Strain, 1981), social skills training (Goldstein, Sprafkin, Gershaw, & Klein, 1983; Walker, Greenwood, Hopps, & Todd, 1979; Warrenfeltz, Kelly, Salzberg, Beegle, Levy, Adams, & Crouse, 1981), and use of numerous strategies for teaching generalization (Allyon, Kuhlman, Warzak, 1982; Goldstein & Glick, 1987).

TEACHER ATTITUDES AND BEHAVIOR

The selection of teachers for inner city students centers initially around the question of teacher attitudes and concomitant behaviors. Clothier and Gayles (1978) studied teacher education students, finding that Black students' perceptions of white culture and white students' perceptions of Black culture were at variance with each group's perception of itself.

Effective intervention strategies include individualization of reinforcement schedules, individualization of token reinforcement systems, social skills training, and use of numerous strategies for teaching generalization.

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Several studies showed that teachers' expectations of students were related to the child's race, sex, and/or exceptionality label

Stereotypic beliefs do appear to alter perceptions of reality, and stereotyping was found by Salvia, Clark, and Ysseldyke (1973) to be retained by many teachers even after they had received special education training.

Several studies showed that teachers' expectations of students were related to the child's race, sex, and/or exceptionality label (Cornbleth & Korth, 1980; Henderson, 1980; Lanier & Wittmer, 1977; Ysseldyke & Foster, 1978). Bames (1978, 1979) found no significant differences between white high school teachers' verbal interactions with Black and white students, although teachers had significantly lower expectations of Black students. Anttonen and Fleming (1976), on the other hand, found that providing elementary school teachers with various types of standardized test information on Black students had little impact on student achievement. Concern has been expressed about teachers' attitudes toward dialectical differences (Newell, 1981; Webber, 1979). Robinson, Robinson, and Bickel reviewed the literature on teacher attitudes toward Black students in desegregated schools, finding that variability in teacher attitudes and behaviors toward Black students did affect student performance.

Rappaport and Rappaport (1975) studied how positive expectations for reading performance are communicated to compensatory program pupils. They looked at the effects on reading achievement test scores of manipulating the child's expectations, the teacher's expectations, or both simultaneously. Significant gains for all three conditions were found; manipulating only the child's expectations was more effective than manipulating both simultaneously, and manipulating only the teacher's expectations was least effective. This finding suggests that we might well make the child a more frequent focus of changing expectations.

The literature does suggest that certain teacher behaviors positively influence pupil performance, that is, praise statements, modeling, verbal and/or physical prompts, token reinforcement, materials adaptation (e.g., Hendrickson & Gable, 1981; Kauffman, Cullinan, & LaFleur, 1975; Kerr & Nelson, 1983; Madsen, Becker, & Thomas, 1968; Mercer, Cullinan, Hallahan, & LaFleur, 1975; Smith & Lovitt, 1976). Yet despite many apparent educational advances, much is still unknown about the actual relationships between teacher behavior and pupil achievement (Semmel, 1976; Shores, Burney, & Wiegerink, 1976).

Substantial effort is currently being directed toward giving teachers strategies aimed at improving the social acceptance and skill levels of special education children (Goldstein, 1983; Gresham, 1981; Hops, 1983; LaGreca & Mesibov, 1979). Recent research (e.g., Ladd, 1981; LaGreca & Santogrossi, 1980; Walker, 1983) has established the utility of training handicapped and other school-age children in a wide variety of social skills believed to contribute to social competence. The behavioral repertoire of the referred child is not, however, the only focus of concern in the development of social behavior. Social competence is greatly influenced by the "opportunities to respond" in the referred child's social environment. Recent research has clearly demonstrated the significance of peers' behavior in determining the social behavior of referred children (Strain, 1981; Walker, Greenwood, Hops, & Todd, 1979). Available toys (Quilitch, Christopherson, & Risley, 1977) and games (McConnell, 1982) have also been shown to influence the social behavior of individual children. All we know about the effects of teacher behavior and attitudes must

contribute directly to our teacher training efforts.

TEACHER TRAINING

Reviews of the issues in preparing teachers for BD classrooms (e.g., Blackhurst, 1977) and of programs engaged in that pursuit (Morse, Bruno, & Morgan, 1973) point out the need for clearer and more objective specification of the teacher competencies required to serve BD students well. The competencies required of teachers of BD students are described by Hewett (1966); Kerr, Shores, and Stowitschek (1978); and Cullinan, Epstein, and Schultz (1986). Edgar and Neel (1976) describe their evaluation of a competency-based training program through three phases: acquisition (didactic), proficiency (student teaching), and maintenance (follow-up). Gable and Strain (1979) prescribe a unified training and treatment approach in which staff serving BD children in residential settings are periodically given feedback on their use of strategies shown effective with students. An ultimate aim for teacher preparation is, as Gordon (1966) expressed it, to teach teachers the difficult task of analyzing their own behavior relative to students.

Proctor (1978) suggests that teachers of inner city students have a special task, namely to help students emerge from the subculture of poverty. He sees this as requiring that teachers be prepared to enter students' worlds vicariously, to bring school curriculum closer to real life, and to refine our understanding of the concept of justice. These more elusive concepts, although critical, are difficult to operationalize. Perhaps one of the major challenges is the one stated by Prieto and Zucker (1981), who see the need to determine those teacher characteristics associated with the retention of stereotypes. Two prime characteristics to use as a basis for selecting teacher candidates as well as to be achieved through training are (1) the belief that inner city students can learn (Hale, 1978) and (2) the commitment to work hard to create the conditions needed for that learning. In addition, teachers of BD students must maintain a special sense of the requirements of the real educational world, helping students develop the strategies and inner resources to cope with less than ideal conditions. Because teacher tolerance is a variable of significant range and impact, as Curran and Algozzine (1980) have demonstrated, teachers of inner city BD students must have both the patience to view inappropriate behavior objectively and the ability to see it as it will be viewed in the less restrictive environments to which we hope the student will return.

Clearly, it is our task to develop a training program that not only provides excellent training in dealing with learning and behavior disorders but also one that adds critical multicultural aspects (Bowen & Salsman, 1979; Fuchigami, 1980). Some resources to assist in development of selected competencies for teachers of minority BD students are available. Totten (1980) describes a training course on stereotypes, prejudice, and racial attitudes. The Omaha public schools prepared an in-service program to familiarize white teachers with Black dialect (Haunton, 1978). Holliday and Edwards (1978) describe a Chicago project's development of a peer group/cross-aged tutoring problem in reading, based on the concept of the extended Black family and its history of interdependence.

Of particular importance in a subculture in which children grow up in large extended families are resources for working with parents and communities (e.g., Simpson, 1982; Vasa & Steckelberg, 1980). Aldridge (1977) suggests techniques and content for teaching about Black family life in

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The crucial importance of ecological support in maintaining any gains made in treatment has been reviewed and empirically demonstrated.

America, and Wilkinson (1978) lists studies analyzing Black families as having a positive and unique structure or different life-styles as a function of class. The crucial importance of ecological support in maintaining any gains made in treatment has been reviewed and empirically demonstrated (Lewis, 1982, 1984). An ecological approach may be even more critical with a BD student population whose needs are as complex as those who live in poverty in our inner cities.

THE POSITIVE EDUCATION PROGRAM

Our approach to meeting the preservice training need for more field experience with inner city populations and more multicultural content has been to supplement university certification programs. Funding to the Positive Education Program (PEP) and a consortium of area colleges and universities (Kent State University, Cleveland State University, Baldwin-Wallace College, Notre Dame College) was provided through a federal personnel preparation grant. Specially selected teacher interns are given some financial support while they are full-time master's students in special education seeking BD certification; currently, all interns are enrolled at Kent State University. In addition to their university training, they spend 20 hours per week in one of PEP's inner city centers and attend a weekly seminar supplementing coursework with multicultural and other needed content. The Positive Education Program is a contract agency of the Cuyahoga County Board of Mental Health operated by the Cuyahoga County Board of Education, which annually serves about 500 school-age students from all 31 Cleveland school districts. PEP is philosophically aligned with the Re-ED approach (Hobbs, 1982) and is a member of the American Re-Education Association. Ecological, behavioral, and cognitive strategies are used to assist enrolled students, each of whom could not be served in district BD classes because of the severity of their problems. Four of the six day treatment centers serve significant proportions of inner city students and are used as fieldwork sites. This cooperative training effort has produced a group of teachers trained at the preservice level who are skilled with the population, willing to serve them, and require less staff development effort after they are employed. We are encouraged by the potential of such a model.

RECOMMENDATIONS

The literature reviewed in this chapter appears to suggest the following recommendations for professionals serving inner city BD students and/or preparing teachers to serve them.

1. Given the ecological nature and complexity of this population's problems, an ecological approach that incorporates the best teaching and intervention strategies currently available would appear to be required.
2. A large portion of instructional time should be devoted to well-structured reading instruction, based on standard English. The children's own language should be used for beginning reading instruction, with gradual and continuing demonstration of the differences between nonstandard and standard English.
3. Reading materials that are reality-oriented in realistic settings, with themes in which individuals overcome the problems of everyday life should be used wherever possible.
4. Staff should expect intellectual and social growth from inner city students, should let them know it

is expected in nonconfrontive ways, and should program instructionally for it.

5. Instruction should be programmed for frequent success experiences in all academic, social, and life skills domains; those successes can then be used to help the student view him/herself more positively.
6. Verbal reinforcement should emphasize attributing success to the student's effort. In the case of failure, staff should recognize the effort made and encourage a view of failure as showing the need for additional effort, given further support and instructional input required.
7. Teachers should use predictable classroom structures (probably based on cooperative rather than competitive strategies unless future empirical data demonstrate otherwise) and should clarify for students the relationship between their behavior and its consequences. School and class rules should be related to clearly stated consequences that are followed consistently.
8. Staff should be trained in the effective use of behavioral principles, emphasizing the use of self-instruction and self-control methods.
9. Staff should be trained in the cultural "games," language, and expectations of specific subcultural groups in the school's locale.
10. Staff should be hired who will serve as genuine and positive role models for the students, modeling people-oriented over material-oriented values.
11. The contribution of Blacks and other minority group members should be emphasized and integrated into the curriculum in all subject areas where appropriate, rather than having an isolated Black studies component.
12. Career education, prevocational training, and vocational education should be included in the curriculum as appropriate at every grade level.
13. Where assessments will lead to critical decisions on the student's behalf, every effort should be made to use examiners from the student's own minority group. Tests should be chosen with relatively low potential for bias.
14. Students should be provided instruction in test-taking strategies; they should be given frequent formal tests sufficiently well matched to student skills to decondition test anxiety.
15. Staff development and support should be constant areas of administrative attention and emphasis.

These recommendations reflect the incomplete knowledge and skill base of our field at this point. The final recommendation must be that we give this subgroup of behaviorally disordered students the attention and empirical study they deserve.

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